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# Examining Experiences of Sex Offender Program Professionals Working in Civil Commitment Programs

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

William Donald King

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2020

Abstract

Examining Experiences of Sex Offender Program Professionals Working in Civil

Commitment Programs

by

William Donald King

MA, Argosy University at Phoenix, 2012

BA, Norwich University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

November 2020

## Abstract

Criminal justice systems have attempted to include psychiatric history as a component for consideration when it comes to punishment and rehabilitation. Criminal justice systems have created various programs to address the psychological components of some behaviors to address specific actions. These programs are intended to consider an individual's psychological history and address the underlying causes to eliminate future criminal behavior. This study focused on professionals working in civil commitment programs for sexually violent predators. The purpose of this phenomenological study was to explore the lived experiences of professionals working in these programs and gain an understanding of their attitudes, perspectives, and opinions. The theoretical framework used for this study was the integrated theory of sexual offender treatment. Data were collected through semi-structured interviews with purposive sampling of 13 professionals. This data were then coded using NVivo software. Each of the 18 interview questions was analyzed and produced results specific to those questions. Overall findings were mixed showing varying opinions about these programs and common opinions were far more positive than anticipated. Recommendations included implementing transitional programs for offenders, step down programs for offenders, increased effort to improve staff retention, include time limits for these programs, and elimination of these programs. These findings have implications for positive social change by improving outcomes leading to reduced offenses, lowering overall cost to the states, and providing safer communities to all citizens.

A Study Examining the Mandatory Civil Commitment Programs for Sexually Violent  
Predators by Exploring the Experiences of Sex Offender Program Professionals

by

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## Dedication

I dedicate this dissertation to my parents, William J. King and Donna M. King; my grandparents, Donald and Lucille Fries; and my brothers, Brian M. King, Keith E. King, and Russell S. King. My family have been a tremendous support for me through this process and have always encouraged me to work hard to complete my program.

This dissertation is also dedicated to the professionals working the mandatory civil commitment programs for sexually violent predators, who were participants in this study. They work throughout the United States treating and helping those who are subjected to these programs. These men and women are working hard to implement quality programming that benefits their patients and fulfills legal requirements set forth by their various states. These men and women are often unseen and should be commended for their hard work and sacrifices.

## Acknowledgments

First, I want to thank my family, especially my parents, William J. King and Donna M. King, for their untiring support for me during the pursuit of my educational aspirations. Without their love and support and their willingness to allow me to sit at their computer for hours on end, completing this program would not have been possible. They have always offered support and guidance to me while I made decisions that would direct my life. Their hard work and dedication to their family, jobs, and community have been an example that I have always tried to follow and live up to.

I thank Dr. Henry Cellini, my dissertation committee chair. He was crucial in my completing this program. He stuck with me throughout the process and helped to guide me through the hardships that I encountered. His professional experience coupled with his zeal for research was greatly helpful as I began and worked through this process. His support and encouragement through difficult stretches, such as my second committee member passing away and the original research facilities denial of my research, allowed me to remain focused, positive, and moving toward the completion of this program. Dr. Cellini made this process a collaborative process where we worked together to improve my writing and research skills. Dr. Cellini made me feel as if I was a colleague conducting research rather than a student being instructed, and for that I am eternally grateful and hope to provide that same level of collaboration with my own future students.

I want to thank Dr. Christie Nelson, my second committee member. She took me on after the death of my original second committee member and worked quickly to get up

to speed so that I was not delayed any more than necessary. Dr. Nelson, thank you for stepping up and taking me on so that I could finish this program.

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## Chapter 1: Introduction to the Study

Criminal justice systems have numerous programs designed to rehabilitate offenders so they can return to society as positively contributing members (Kaiser & Holtfreter, 2016). In this study, I examined one type of offender, the sexually violent offender, in relation to such rehabilitation programs. These programs are based on psychological treatment to curb delinquent behavior (Blagden et al., 2016). Some programs are conducted while the offender is serving their sentence whereas others occur through outpatient services after the offender completes their criminal sentence (Schmucker & Lösel, 2015). The most violent offenders can be committed through a civil process and mandated to inpatient psychiatric treatment (Schmucker & Lösel, 2015). In these mandated commitment programs, staff members work in administrative, clinical, and legal roles to ensure the offenders are adequately taken care of and receive treatment (Blagden et al., 2016).

In this study, I examined the treatment process in the mandatory civil commitment program for sexually violent predators (SVPs) throughout the United States by reviewing the attitudes, perspectives, and opinions of the civil commitment process from sex offender professionals. Previous researchers have examined mandatory civil commitment programs for SVPs (DeMatteo, Murphy, Galloway, & Krauss, 2015), but studies of sex offender professional attitudes, perspectives, and opinions about the treatment process and program are not currently available. These attitudes, perspectives, and opinions may reveal shortcomings of the programs and process but also may reflect

benefits and positive outcomes. This study is an explorative study to identify and categorize themes that can be expanded on by other researchers.

This chapter includes the problem statement, research question, and purpose of the study. Additionally, the theoretical framework on which this study is based and provides justification for the research method used will be discussed. This chapter also contains definitions of terms used in this study to ensure clear understanding. Included in this chapter is a discussion of the assumptions made, the scope of the study, and any limitations of this research. The significance of this study will be discussed as well as the implications for social change.

### **Background of the Study**

As new research is conducted, the landscape of psychology and criminal justice interaction changes to accommodate new findings and new approaches to old problems. Psychology and criminal justice have become more intertwined over time. Criminal justice systems use psychology in the criminal process, but it is also used in civil matters. Predominantly, those in the psychology field have been called upon to conduct competency-to-stand-trial evaluations and to give an opinion concerning criminal responsibility. These two processes have become the bedrock of what is now referred to as *forensic psychology*. In addition to these two primary processes for psychologists, courts now ask for evaluations of risk to determine eligibility for treatment programs for specific offender types.

That offender type I focused on in this study is the SVP. The process for commitment of SVPs is a civil legal process and can raise several issues concerning legal



standards and psychological criteria. Some within the psychological community will argue that an offender should not be committed in any program if the offender lacks a definable diagnosable mental disorder (Tolman, 2018). If an offender is free of a diagnosis, then they should be released after completion of the criminal punishment because no treatment is clinically required (Smith, 2014). Those who oppose this viewpoint focus on the high risk level commonly linked to deviant sexual behavior and urges and allow for a civil commitment of offenders even if the criterion for a mental disorder is not met (Fernandez & Lézé, 2014).

Today, over 20 states have some form of mandatory civil commitment of SVPs in their statutes. These states use common language and terminology in their statutes derived from the U.S. Supreme Court's decision in *Kansas v. Hendricks* (1997). This case provides the criteria to determine if an offender is designated as an SVP. The Supreme Court created four criteria to determine who meets SVP classification: offenders must have (a) a criminal history, including offenses that are sexual in nature; (b) a mental abnormality; (c) a demonstrated lack of control related to their predilection; and (d) the highest level of risk of repeated violent and sexually based criminal acts (Brar, Wortzel, & Martinez, 2012).

With the increasing commonality among these programs, researchers have set out to study them. These researchers have examined the extensive array of topics associated with SVP commitment laws and programs. Despite the magnitude of published research material, areas of concern have been left unexamined. These gaps in knowledge leave holes that need to be addressed. Sandhu and Rose (2012) examined what effect, if any,

the treatment providers had on the program outcomes. This examination of treatment staff members' influence does not delve into the attitudes, perspectives, and opinions of those sex offender professionals. Some researchers have posited hypotheses concerning how a staff's attitudes, perspectives, and opinions may affect the overall treatment experience. Between 1987 and 2009, Sandhu and Rose (2012) identified 15 studies that examined topics related to treatment staff; however, these studies never crossed into an experience analysis. This gap in knowledge may be holding critical insights into how programs operate and how they can change.

Another study related to treatment professionals in SVP programs was directly related to the treatment staff's implementation of a treatment model; this study specifically asked about the process of implementation (Couturier et al., 2013). The researchers' opinions concerned specific treatment processes taken to implement a program; no attention was directed toward an understanding of the staff's attitudes, perspectives, and opinions about the entire treatment program process. Had Couturier et al. (2013) examined the attitudes, perspectives, and opinions perhaps there would have been more insight into why a specific program was chosen, why it was implemented the way it was, and what specific barriers were in place.

In these studies, researchers examined how treatment staff implement treatment protocols. However, they failed to probe the experience of sex offender professional. In this research, the scholars did not pursue data directly related to the implantation of any new treatment protocols. Data, such as staff's attitudes, perspectives, and opinions about the process and program, were not factored nor were they discussed as a limitation or

future point of the study. Furthermore, these studies did not expand opinions outside of the treatment staff. In this current study, I examined personal attitudes, perspectives, and opinions about the overall processes of treatment in the mandatory civil commitment programs for SVPs throughout the United States. Additionally, I expanded the research footprint by interviewing staff in administrative roles and those in legal roles associated with the program. To gain an understanding of the attitudes, perspectives, and opinions of sex offender professionals concerning the treatment process of the program, all staff members associated with the program were considered. This examination of the experience was a fundamental gap in the prior knowledge on this topic.

### **Problem Statement**

There are nearly 2.2 million Americans incarcerated in the United States (Department of Justice, 2016). The Department of Justice (2015a) reported that 12.5% of incarcerated people are serving sentences for rape or other forms of sexual assault. In states with mandatory civil commitment programs, these offenders are subjected to evaluation and possible placement into programs at the culmination of their criminal sentence. As of 2017, over 5,000 offenders were being indefinitely held due to SVP laws (Izzi, 2017).

A general misconception of SVP recidivism rates is a cause for mandatory civil commitment programs. The general belief is that SVPs recidivate at a higher level than other offender types, and the public must be protected, but the recidivism rate for sexually based offenses is about 5% nationally (Department of Justice, 2015b). These programs were created because of public fear; laws were enacted in reaction to highly

publicized crimes. Such reaction laws include the Community Protection Act, the Wetterling Act, Megan's Law, and the Adam Walsh Act (Cipolla, 2011; Prescott & Rockoff, 2011; Socia, K. M., 2017; Tolson & Klein, 2015). These laws have found support in courts and have resulted in registration, living restrictions, and definitions of what constitutes an SVP. These laws are often continued despite research findings showing the programs are ineffective. The mandatory civil commitment programs themselves have produced mixed results and have yet to form a consensus concerning treatment processes that are effective (Wright, 2014).

The problem with all these programs is that they are highly expensive; for example, cost is estimated to be \$125,560 per offender in Minnesota, and the offender loses their freedom by being in the program (Minnesota Department of Human Services, 2016). In Kansas, the cost is estimated to be nearly \$61,000 per year per offender, which means annual costs to the state are approximately \$5,900,000 (Koehle, 2016). In New York, the cost is even greater, estimated to be nearly \$175,000 per offender per year (Perillo, Calkins, & Jeglic, 2020). This study's results will help strengthen the field by contributing further understanding of SVP programs by including the lived experiences of professionals working within these programs.

### **Purpose of the Study**

The purpose of this phenomenological study was to understand sex offender professionals' experiences that have informed their attitudes, perspectives, and opinions about mandatory civil commitment programs for SVPs throughout the United States. The study of sex offender professional attitudes, perspectives, and opinions will allow me to

identify what staff believes is being done well, what they believe needs improving, what they see as failures, how improvements can be made, and any previously unknown issues. This research also examined the staff's attitudes, perspectives, and opinions about the program's overall structure and process, the ability for the program to achieve its stated goals, and the concerns and beliefs the staff has about the assessment of risk.

### **Research Question**

This study was designed to ascertain and understand sex offender professionals' attitudes, perspectives, and opinions about mandatory civil commitment programs for SVPs throughout the United States. This study is directed by the following research question:

RQ: What are the perspectives, attitudes, and opinions of sex offender professionals concerning the overall treatment process in mandatory civil commitment programs for sexually violent predators?

### **Theoretical Foundation**

In this exploratory study, I used a phenomenological approach to research. This study was grounded in Marshall and Barbaree's (1990) integrated theory of sexual offender treatment. The integrated theory of sexual offender treatment is a set of factors present in the life experiences of offenders. One such factor is an offender's developmental progress and experiences as a child through adulthood (Marshall & Barbaree, 1990; Office of Justice Programs, 2014). An offender's developmental progress and experience throughout life can refer to social development and relationship development. These developments can be derailed, supported, or ignored by those in the

offender's life. Another factor is the biological development of the offender. Biology has a role to play in a person's development and can affect an offender's perceptions and behaviors. Integrated theory of sexual offender treatment also factors cultural norms. Cultural norms are a factor because the cultural norms may not align with the offender's upbringing. An offender's home experience may have promoted different values and behaviors that the surrounding culture does not, or would not, support and encourage. Marshall and Barbaree (1990) did factor in the psychological vulnerability of the offender, which is a result of any combination of factors that make the offender more susceptible to maladaptive behaviors.

Over time, the integrated theory of sexual offender treatment has been enlarged through the addition of factors to consider (Thakker & Ward, 2012). Thakker and Ward (2012) categorized the original factors of the integrated theory of sexual offender treatment and developed three categories of factors: (a) biological, (b) ecological, and (c) neuropsychological. The biology factor includes genetic inheritance, physical development, and brain development (Thakker & Ward, 2012). Ecological factors include social experiences, social learning, and the effect of cultural nuances (Thakker & Ward, 2012). The neuropsychological factors are motivation and emotions derived from the limbic system, hippocampus function controlling memory and perception of events, and frontal cortex development that affects decision making and behavior control (Thakker & Ward, 2012).

Using the integrated theory of sexual offender treatment as a prism to examine the attitudes, perspectives, and opinions of sex offender professionals in mandatory civil

commitment programs, I was directed toward topics to discuss. Integrated theory of sexual offender treatment bedrock is the experience, which is being studied in this project—the experience among the sex offender professionals. Additionally, the treatment process for SVPs considers all factors discussed by Marshall and Barbaree (1990) and Thakker and Ward (2012). The integrated theory of sexual offender treatment fits the SVP treatment programs as well as the intended subjects of this study project.

### **Nature of the Study**

In this study, I used a qualitative method. Qualitative methodology looks to discover nonstatistical data through examining what research subjects think about events, topics, or issues. I examined the attitudes, perspectives, and opinions of sex offender professionals about the treatment process in mandatory civil commitment programs for SVPs throughout the United States. The best method to learn, analyze, and understand the attitudes, perspectives, and opinions of sex offender professionals is through a qualitative approach to research. The research question for this study cannot be answered using quantitative research methods; the research question demands a qualitative approach.

If a researcher were to use a quantitative approach to this research question, data could be gathered, but the results would lack a detailed understanding of sex offender professionals' attitudes, perspectives, and opinions. A quantitative approach to this study would most likely use a survey methodology, which would limit information without the ability to continue asking probing questions attempting to find meaning.

Because of the nature of the research question, this study is a qualitative study. Phenomenology is a study methodology that is used to attempt to develop an

understanding of a phenomenon by trying to learn about the human experience, regarding that phenomenon (Creswell, Hanson, Plano, & Morales, 2007). The essence of phenomenology is to understand the experience. Within the phenomenological tradition, there are different opinions of how to understand experience. One approach is the Hermeneutic approach, sometimes referred to as an *interpretive approach*. In this discipline, researchers are a part of what they study and use their own experience as a means of interpretation. When researching the interpretive phenomenological approach, the researcher identifies the phenomenon of interest, interacts with participants to collect data, analyzes that data for any ideas or themes that are prevalent, and then interprets those themes and ideas into meaning.

I decided that interviews would be the primary data collection method for this study and that interviews with sex offender professionals would be conducted in a one-on-one setting. In addition to interview data collected, archival data were used through supporting documentation. This archival data assisted in the formulation of the interview questions. For data analysis, I used NVivo to assist in analyzing collected data. Similar wording, phrasing, or topics identified by participants were the primary data that themes and, ultimately, meaning was derived from.

### **Definitions**

The following lists of terms are essential in understanding the concepts of this research study.

*Integrated theory of sexual offender treatment:* The integrated theory of sexual offender treatment is a treatment philosophy to treat sex offenders by addressing



biological factors, social factors, and neurobiological factors of offenders (Marshall & Barbaree, 1990; Thakker & Ward, 2012). The understanding of these factors informs interactions between offenders and staff and helps to guide interactions between staff and me.

*Interrater reliability:* This test is used to determine the validity of a process of a tool used in psychological research or practice. This process is the comparison of two separate groups, or people, that have used the same tool, or examination, and arrived at the same findings (Calkins, Jeglic, Beattey, Zeidman, & Perillo, 2014; Olver, Christofferson, Grace, & Wong, 2013; Quesada et al., 2010; Skeem & Cooke, 2010).

*Phenomenology:* This is a qualitative methodological approach to conducting research. This approach is designed for researchers who wish to learn from the experiences of others (Creswell et al., 2007).

*Program administrators:* These people working in a mandatory civil commitment program are not treatment professionals and do no clinical work with offenders. These professionals include, but are not limited to, administration staff at the facility housing the offenders, attorneys for the state and the offenders, and judges presiding over SVP hearings.

*Recidivism rate:* The actual statistical calculation of the rate of reoffense by a group of offenders (Nicholaichuk, Olver, Gu, & Wong, 2014). These rates can vary depending on the variables included in the calculation. Discussions about these rates include an explanation of what variables were included in the calculations so that the

finding can be applied to other populations. These rates can have substantial impacts on legislation and public opinion (King & Roberts, 2017; Pickett, Mancini, & Mears, 2013).

*Risk assessment:* Tools used to help predict the likelihood of an offender's reoffense (Krauss & Scurich, 2013). These tools are used by experienced professionals in the process of admitting SVPs to commitment programs. These assessments are also used in the mental health profession in assessing risk for various purposes.

*Sexually violent predator (SVP):* An offender convicted of a crime consisting of a sexual component and a violent component, who also suffers from some form of mental abnormality (Sexually Violent Predator Act of 1998). Crimes fitting this definition include, but are not limited to, rape, sexual assault, and child sexual abuse.

### **Assumptions**

Assumptions are what researchers believe to be accurate about their subject matter or research process but cannot otherwise prove or disprove (Bloomberg & Volpe, 2012). In this study, it was assumed that participants would be willing to answer questions honestly and give their own opinions. In phenomenological research, this is an assumption researchers have because they are relying on the testimony of others to relate their experiences. If a researcher does not believe participants are telling the truth, their truth, then the research will not accomplish its goals. To help to ensure that participants' answers were as honest and forthcoming as possible, I stressed confidentiality and thoroughly explained it to all participants. Additionally, I informed participants there were no correct answers and that all their attitudes, perspectives, and opinions were the correct answers.

The second assumption for this study was that the participants care about the program processes and what is best for all involved. With this assumption was the idea that the sex offender professionals are in the best position to form attitudes, opinions, and perspectives that can help to facilitate change and identify areas of concern and areas of success. The third assumption for this study was that the experiences of sex offender professionals was sufficient to gain data to inform research on the topic.

### **Scope and Delimitations**

Creswell and Poth (2017) and Creswell (2009) stated that when researchers place limitations on a study to narrow the focus, the process is referred to as delimitations. This study was focused on examining the attitudes, opinions, and perspectives of sex offender professionals working in mandatory civil commitment programs throughout the United States. I examined the experiences to gain insight into the program's processes. This study was delimited to the participants willing to participate, who work as treatment staff, facility administration staff, and legal staff working for the state or the offenders.

Offenders were excluded because they would provide a different set of attitudes, perspectives, and opinions concerning the program and may not have been able to address processes in the program. While these attitudes, perspectives, and opinions are valuable, they would not address the research question. Another exclusion from this project was a discussion of juvenile programs. The juvenile program has different program goals, different processes, different locations, and different sex offender professionals. Using data from juvenile programs would have expanded the scope of the research.

Due to the narrow nature of this study, results are not generalizable to other programs. While these results may not be applied to other programs, the methodology can be used by other researchers in similar studies. This reality of nongeneralizability is ordinary in qualitative work, and therefore, the explanation of methodology takes on more importance; researchers can duplicate the process but not the results (Bloomberg & Volpe, 2012). Qualitative research methodology was chosen because it best fit the research question. Quantitative methods would not have examined the experiences.

### **Limitations**

No matter a study's focus or methodology, it has limitations. Limitations exist due to outside influences that can limit the scope and possibly the results of the study (Bloomberg & Volpe, 2012). The first limitation of this study was its transferability. This study specifically examined sex offender professionals in different mandatory civil commitment programs for SVPs. Each SVP program has differences in their processes and its sex offender professionals. The data gathered are not intended to be transferable from one state to another; this research was designed to learn about these programs on the individual level. Another limitation of this study was that there is no similar data addressing this issue in any program. The lack of data from these programs is a primary reason for this study; the data gathered may inform future research and program designs, and it can affect the current processes in place.

Other limitations exist concerning the subjects' participation. Patton (2014) stated that interview participants come into a study with their emotional issues, their agendas, their own biases, and sometimes they are merely mistaken in their memory of incidents.

Additionally, participants can have preconceived notions of the researchers. To address these limitations, it is essential for a researcher to address concerns in the beginning and to provide a detailed explanation as to the purpose of the study, who will receive data, and what the purpose is. Participants must understand that this research was not commissioned by a state agency and will have no effect on their employment. Regarding emotional issues, identifying statements and emotional responses were addressed as they occurred; participants would be given the option of rescheduling the interview for a better day and time or they may remove themselves from the study. The additional concerns noted by Patton (2014) are beyond the scope of the research to adjust; bias and personal agendas would need to be addressed in the analysis of the data if those issues are apparent and present.

### **Significance of the Study**

There has been a demonstrated gap in existing research concerning sex offender professionals' attitudes, perspectives, and opinions related to SVP program goals, effectiveness, or recidivism. In this study, I aimed to fill some of that knowledge gap by examining the attitudes, perspectives, and opinions of sex offender professionals working in mandatory civil commitment programs for SVPs throughout the United States. The results from this study expand the current knowledge base and provide future opportunities and ideas for research. This new area of research may be vital in understanding these programs.

Similar research into offender populations and public opinion have been conducted, but none of these studies address sex offender professionals (Kleban & Jeglic,

2012; Thakker, 2012). Some research does exist that concerns sex offender professionals, but those researchers did not focus on the attitudes, opinions, and perspectives of sex offender professionals. Researchers have examined how the staff affects the implementation of specific treatment protocols (Sandhu & Rose, 2012). This examination of implantation science did not account for sex offender professionals' actual attitudes, opinions, and perspectives, nor did the researchers widen their scope to include nontreatment sex offender professionals who might affect treatment protocols. The neglected examination of attitudes, perspectives, and opinions of the treatment staff and the exclusion of nontreatment staff left data undiscovered.

### **Significance to Practice**

An examination of a program from all possible perspectives to attempt to justify its existence is necessary when committing offenders to such a program. Despite a long judicial tradition of upholding mandatory civil commitment programs for SVPs, opinions are starting to swing and take a more cautious approach to SVP programs. In 2012, a group of committed SVPs sued the state of Minnesota. In the suit, the offenders alleged a lack of effectiveness in the program's ability to treat and rehabilitate SVPs in the mandatory SVP program (DeMatteo et al., 2015). The court found in *Karsjens v. Jesson* (2012) that the state program had 12 deficient areas that made the program unconstitutional. (Janus, 2013; Woolman & Anderson, 2016). Over the 20-year history of Minnesota's state program, no offender had been released; there was no periodic assessment of an offender's risk, so the program could not determine an ongoing need for commitment (Janus, 2013). Additionally, a crucial point in the court's decision was that

the appeals process was overly complicated and took over 5 years to complete (Woolman & Anderson, 2016). Karsjens v. Jesson is being appealed, and the state program is making changes in alignment with the court's recommendations. While the appeal works its way through the court system, its original findings of the program's unconstitutionality show a change in legal perspectives more in favor of offender rights.

This evaluation of the programs throughout the United States may identify these types of concerns and help administrators to address issues before they are a matter of law. Continual assessment and phase systems in treatment processes are essential to identifying progression, or regression, of treatment recipients. Continued commitment should not be recommended without an assessment of progress and movement of offenders through treatment protocols. More data from programs will lead to an increased knowledge of the subject and can affect change in programs.

### **Significance to Theory**

Using the integrated theory of sexual offender treatment as the foundation for this research, I gathered data as it applies to the different factors of this theory. For example, if the data were to show that offenders share common neuropsychological deficiencies and the treatment process does not account for such factors, then the integrated theory of sexual offender treatment is significant when analyzing treatment processes. Using the integrated theory of sexual offender treatment factors to address the attitudes, perspectives, and opinions concerning treatment processes at the mandatory civil commitment program for SVPs throughout the United States may add to the validity of

such a theoretical framework and provide guidance for moving forward in program application and development.

### **Significance to Social Change**

Researchers hold mixed beliefs about the effectiveness of these commitment programs for SVPs in achieving stated objectives; rather than a proven method for addressing genuine mental health issues, these programs are instead a way to calm a concerned public (Wright, 2014). Despite this lack of definitive research showing SVP programs as effective in either reducing sexual recidivism or providing consensus on the nature of mental disorders in SVP commitment programs, SVP programs continue to be used at an enormous cost to taxpayers. In the state of Minnesota, the daily cost for one SVP offender is \$344; or \$125,560 annually per offender for housing and treatment (Minnesota Department of Human Services, 2016).

Factors of cost, program effectiveness to treat sexual deviance, and the reduction of recidivism of sexual offenses are all areas where positive social change is needed. Research demonstrating these programs are therapeutic, therefore reducing recidivism, would justify the expense of the programs. However, absent that definitive research, it is essential to make the positive social change of not committing people to an ineffective treatment process that costs taxpayers' substantial sums of money.

### **Summary**

In this chapter, I provided a brief review of the literature available concerning SVP commitment programs. The problem studied in this research was identified in the problem statement. Additionally, the study's purpose was described in detail. This



chapter introduced the research question that framed this study. This chapter also introduced the methodology and the theoretical framework that grounded and structured this research. This chapter provided specific descriptions of terms used throughout this study and discussed the assumptions made while conducting research and forming the study. The scope of this study, including the delimitations and limitations, were also discussed in this chapter. Finally, this chapter provided a discussion of the study's significance—specifically, how the study relates to real-world practice and application, any significance toward theory and the significant implications for social change were introduced. Many of the topics introduced in this chapter will be expanded upon in later chapters.

In Chapter 2, a review of available literature connected to SVP programs and history will be presented. The already discussed topics will be expanded on to describe the many nuances of sex offender treatment and commitment issues. Chapter 2 will also provide the identification of resources and strategies used to gather data for the literature review.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this quantitative study was to examine the attitudes, opinions, and points of view of staff and others working in mandatory commitment programs for SVPs. In the study, I focused on the treatment staff, administrators, and legal representatives of these programs, which are located throughout the United States. By examining these topics through this perspective, a greater understanding of the topic will emerge with additional information for other researchers. These SVP programs throughout the United States carry a substantial cost for local and state legislatures.

In Chapter 2, I discuss the strategies used to find available literature for this topic and the closely related themes that must be covered. In the literature review, the backgrounds of the various subjects that must be discussed when examining the SVP topic will be reviewed. SVP topics include the clinical justification for mandatory treatment programs, the legal perspectives, and the social concerns. Additionally, I will discuss the most recent examinations of the topic and the gaps in that research.

### **Literature Search Strategy**

The literature review was conducted by searching various databases available to students at Walden University. Databases used include PsycInfo, PsychArticles, PsycCritiques, ProQuest Criminal Justice, LegalTrac, and LexisNexis Academic. In addition to these academic resources, I used the Department of Justice Bureau of Statistics resources, Federal Bureau of Investigation's criminal statistics, and the U.S. Department of Corrections federal data. Following is a list of search terms I used in my

search: *sex offender, violent sex offender, mandatory commitment, civil commitment, sex crimes, recidivism sex offender, criminal recidivism, cognitive behavioral therapy, good lives model, sex offender treatment, sex offender treatment, sex offender inpatient, sex offender outpatient, sex offender history, legal cases for sex offenders, fundamental legal sex offender, US Supreme Court Sex Offender, Kansas v, Crane v., Criminal cases sex offender, state laws sex offenders, state statutes sex offender, sex offender law origins, sexual psychopath, sex offender opinions, criminal justice sex offender, police sex offender, residency sex offender, registration sex offender, biology of sex offenders, neurobiology of sex offenders, residency restrictions, registration, sex offender registration, public notification sex offender, Adam Walsh Act, Wetting Act, positive paradigm in qualitative studies, research paradigm in qualitative studies, competing paradigms, competing paradigms in qualitative, post positivist paradigm qualitative, constructivist paradigm in qualitative researchers, data collection phenomenology, participant selection qualitative research, purposive sampling, snowball sampling, and qualitative.*

### **Theoretical Foundation**

Theories exist to explain a phenomenon. These theories are created and then researchers seek to prove or disprove them by conducting studies to apply the theories to the real world (Ward, 2014; Ward & Beech, 2006). These theories are created to help understand the origins of a phenomenon so the phenomenon can be addressed (Ward, 2014; Ward & Beech, 2006). In psychology, mental dysfunction is sought to be understood so that treatment can be created to help the patient experience healthy

psychological functioning. The realm of sex offenders is not void of theoretical perspectives regarding sexual offending, sex offender treatments, or societal punishment.

Creating theories about sexual offenders can be difficult because diagnosed mental health disorders are not always present (Ward, 2014). Unlike depression or anxiety, there is no single expressive, predictive course for sexual offending. Some offenders who commit sexual offenses against children are diagnosed with pedophilia, but not all of them are. Sexual offending itself is not a mental disorder; sexual offending is a societal and legal construct (Ward, 2014; Ward & Beech, 2006). Nonetheless, even without a formal diagnosis, offenders may have some form of mental illness that relates to their behavior. The possible presence of mental illness is why theoretical concepts to treat and understand sexual offending are difficult. Because of the disparity between what is illegal but not necessarily a psychological dysfunction, those who attempt to form theories for sexual offending tend to use integrative pluralism, or interlevel theory (Ward, 2014). This concept of integrative pluralism is a complicated way of stating that researchers use multiple concepts and levels of analysis to form a theory.

One theory that has gained notoriety is Marshall and Barbaree's (1990) integrated theory of sexual offender treatment. The integrated theory of sexual offender treatment is used to examine and attempt to understand sexual offending by identifying how multiple factors, or areas of interest, affect the offender. Marshall and Barbaree (1990) identified those factors as (a) childhood experiences that affect relationship development, (b) biology, (c) the originating culture of the offender, and (d) psychological susceptibility (Office of Justice Programs, 2014). An offender's social and relationship development

can be affected throughout their childhood by myriad events, and this can have a drastic effect on an offender's future. Regarding biology, Marshall and Barbaree (1990) refer to the offender's inherited genetics that may affect personality as well as the development of the physical body, including the brain's psychical growth and function; this biological factor can also be responsible for the development of some mental disorders. Culturally, Marshall and Barbaree (1990) believe that offender thinking is greatly influenced by cultural norms. Cultural norms can originate from an offender's community at large or from their home environments. These two concepts of cultural norms are not always aligned so identifying what an offender considers to be culturally normal can influence their behaviors and thinking and help to understand the offender's actions or thought processes. Psychological susceptibility is the combination of multiple factors that allow an offender to be easily influenced to behave in maladaptive ways (Office of Justice Programs, 2014).

The integrated theory of sexual offender treatment has garnered strong support and like many theories, has been added to by new researchers and then adjusted with new findings. This new research into the integrated theory of sexual offender treatment has led to some redefining of factors originated in the research completed by Marshall and Barbaree (1990). Thakker & Ward (2012) took the integrated theory of sexual offender treatment factors and created a set of three factor categories: (a) biological, (b) ecological, and (c) neuropsychological. The biological factor are genetic inheritance, physical development, and brain development (Thakker & Ward, 2012). The ecological factor are an offender's social experiences, social learning, and cultural influences

(Thakker & Wad, 2012). The neuropsychological factor includes subjects such as offender motivations and emotions that originate in the brain's limbic system; these are those basic instincts for survival. Additionally, discussion of the ecological factor includes hippocampal operation and frontal cortex development (Thakker & Ward, 2012). The hippocampus is responsible for memory and perception, whereas the frontal cortex is responsible for controlling behavior and decision making (Thakker & Ward, 2012). Adding current scientific research about brain function has expanded knowledge of behavior and personality.

The use of the integrated theory of sexual offender Treatment, or an integrative pluralism model, gives researchers the ability to create a theory that is far more encompassing than the standard one-level theory. The use of multilevel analysis also allows newer knowledge to be applied without needing to erase decades of work that has been found valid, such as with the incorporation of neuropsychological research. The amalgamation of research into a multiteared theory allows for a more encompassing theory of behavior.

By understanding of the factors, assessments and programs can be created to address specific factor deficits for treatment. The use of the integrated theory of sexual offender treatment also allows researchers to review programs for deficiencies and successes. Mandatory civil commitment programs fall in line with this theory. Whether a program is using strict cognitive behavioral therapy (CBT) models or a newer model such as the good lives model, the treatment focuses on the factor areas to identify and change behavior.

By using the integrated theory of sexual offender treatment as the prism through which to examine the attitudes, perspectives, and opinions of sex offender professionals in the mandatory civil commitment programs for SVPs throughout the United States, the researcher is provided specific areas of concern and topics that need to be addressed. Sex offender professionals' attitudes, perspectives, and opinions about offender's history similarities, biological commonalities, and neuropsychological deficits can be explored. Additionally, how the sex offender professionals view the programs ability to address those factors are also crucial to completing this study. The integrated theory of sexual offender treatment addresses the lived experience of the offender, and this theory can be applied to the lived experience of the staff in these programs.

### **The Origins of Sex Offender Legislation**

Sex offenders have been a concern for criminal-justice systems and communities for some time. However, what a sex offender is and how they are referenced have changed over time. Early in the 20th century, sex offenders were referred to as sex fiends or perverts, and laws focused on crimes against children (Socia, 2017). As time progressed, sex offender laws came to be known as Sexual Psychopath laws (Blacher, 1994; DeMatteo et al., 2015; Socia, 2017). These laws, instituted in the 1930s, often ensnared nonviolent offenses, such as homosexual liaisons (Socia, 2017). These early laws were first enacted in 1937 in Michigan, but this version of the law was quickly overturned as unconstitutional (Blacher, 1995; DeMatteo et al., 2015). In 1938, the Iowa state law was the first to be able to pass constitutional muster, and other states followed this blueprint for their own. The Iowa law allowed the criminal-justice system to move

those offenders deemed to act under the influence of a mental disorder to be placed in indefinite treatment programs rather than being charged for their crimes (Blacher, 1994). Over time, these “Sexual Psychopath” laws were overturned or just not enforced by law enforcement (DeMatteo et al., 2015; La Fond, 2000; Socia, 2017). In the 1990s, many state legislatures decided to charge sexually based offenses and provide treatment while the offender was incarcerated (Blacher, 1994).

As a secondary result of “Sexual Psychopath” laws, other jurisdictions instituted monitoring programs referred to as registration laws starting in the 1930s (Blacher, 1994; Cipolla, 2011; Socia, 2017). These laws were not concerning public notification, but a tool for law enforcement’s use. After a string of high-profile cases involving missing children and sexually based offenders, the discussion of this offender type was brought to the forefront again. In 1989, a young Minnesota boy was abducted, and the public demanded some action be taken by the government. As a result, Minnesota, as part of the Federal Violent Crime Control and Law Enforcement Act of 1994, enacted the Jacob Wetterling Crimes against Children and Sexually Violent Offender Registration Act, known as the Wetterling Act (Socia, 2017). This act required states to have registration and notification legislation to receive federal funding for law enforcement. While this was occurring, in New Jersey, another offender kidnapped a neighboring young girl, raped, and murdered her (Socia, 2017). This New Jersey law is commonly referred to as “Megan’s Law” (Easterly, 2015). In response, New Jersey created a public notification law that was later added to the Wetterling Act. As a result, all states now have a registration and notification program for offenders in the community (Socia, 2017).



Notification laws have a wide variety of who is on the registry lists. For example, in the state of Idaho, those offenders who were found guilty of crimes such as possession of sexually exploitative material and crimes against nature are required to register themselves (Easterly, 2015). In Arizona, those who commit adultery may find themselves on the registry in Louisiana; those who commit bigamy may have to register (Easterly, 2015). In Ohio, voyeurism is also a registration offense (Easterly, 2015). In Montana, the law goes even further and may require violent offenders who commit crimes that are non-sexual to register (Easterly, 2015). Some states notify schools and other similar locations of a pending release of an offender to the area while other states merely publish an online list of offenders. These lists will often include the offender's name, address, birth date, fingerprints, social security numbers, specifics regarding their crimes, a photo of the offender, and prison release date (Easterly, 2015). The amount of time spent on these registration lists also varies from state to state. In the states of Alabama, California, Idaho, Hawaii, Missouri, Mississippi, Florida, and South Carolina, the offender is on the registry for life; even if the offender is considered a low-risk offender (Easterly, 2015).

Civil commitment laws that are similar to what is commonly done today began to appear in the early 1990s. The state of Washington passed the Community Protection Act of 1990; this act was called the "Sexually Violent Predators Law" and was part of the Community Protection Act (Blacher, 1994; Cipolla, 2011). In the state of Washington, it is unlawful to commit a person indefinitely, so the Sexually Violent Predators Law allowed the states to create and use the Washington State Violent Sexual Predator Commitment System (Blacher, 1994; Cipolla, 2011; La Fond, 2000). This system allows

for indefinite commitment. The Washington State Community Protection Act acknowledges that no recognized disorder is present, as is needed for conventional involuntary commitment procedures. However, despite the lack of a definable mental illness, the offender is still in need of treatment because their actions are antisocial and sexually violent. Thus, they must be committed until considered safe for society (Cipolla, 2011). Later court decisions echo this notion when they found that mental health professionals often disagree about the very nature of mental disorders, and consequently, relying on mental health professionals to tell a court if someone is so disordered is not prudent (La Fond, 2000). The court also agreed that legislatures commonly decided the legality of actions even when there is a medical aspect to consider (La Fond, 2000).

Over time, 19 additional states and the federal government have enacted their SVP programs. These programs have been subject to legal challenges. The first challenge to these laws was *Kansas v. Hendricks* (1997); (La Fond, 2000; Sarkar, 2003). In a 5-4 decision, the courts found that commitment of sex offenders was constitutional (DeMatteo et al., 2015; La Fond, 2000). The majority decision stated that states have the legal authority to take action against citizens who constitute a threat to the community due to the citizen's inability to control their own behavior. Therefore, the government has a right to commit them until they can control their behavior (DeMatteo et al., 2015; La Fond, 2000; Sarkar, 2003). Additionally, because the commitment was a civil one, there was no intent to punish, thereby, a commitment protects the community and provides treatment for the offender. The dissenting opinion agreed, in principle, regarding the state's ability to commit those deemed dangerous; however, the dissenting opinions were

concerned with how the commitment was processed (La Fond, 2000; Sarkar, 2003). The dissenting opinion named three specific areas of concern. First, the Kansas Court stated that treatment was not a significant aspect of the law. Second, the law commits offenders after serving their criminal sentence instead of doing it concurrently. Thirdly, the law does not require fewer restrictive methods to be considered (La Fond, 2000; Sarkar, 2003). The Hendricks decision is not a purely preventative measure because there must be the presence of a lack of control on the part of the offender. The Hendricks decision relied solely on the argument of a state's right to protect its people; therefore, the state only needs to prove dangerousness of an individual, not necessarily treatability.

These decisions have influenced legislation and program designs, but current courts are challenging state SVP programs based on the reality of the situation and not the intent of the program. In the state of Minnesota, the state program has seen a setback in recent court decisions. In the state of Minnesota, as of December 31, 2016, there are 721 civilly committed sex offenders in the state. A group of committed persons filed a lawsuit claiming that they are being denied their due process rights, *Karsjens v. Jesson* (2015); (Woolman & Anderson, 2016). The lawsuit claims that offenders are indefinitely committed because there is a lack of clear guidelines to define progress. Additionally, the lawsuits state that there is an absence of continuous assessment to determine progress about future dangerousness. Finally, the lawsuits allege that there is a discharge process lacking a speedy adherence or the possibility of less-restrictive treatment options such as community treatment centers. The Minnesota SVP program, which began in 1994, has yet to release one committed person from the program. By comparison, the state of

Wisconsin has released 118 offenders and placed 135 offenders in non-commitment treatment since 1994. Judge Franks, in his decision in *Karsjens v. Jesson*, focuses on one critical aspect of SVP commitment law and precedent; the program must not be punitive (Woolman & Anderson, 2016). Judge Franks points to the lack of therapeutic progress as a minor tenet for his decision.

As in most legal battles, appeal cases are filed and tried by appellate courts. *Karsjens v. Jesson* is no different. The state of Minnesota filed an appeal, and an appeals court ruled slightly different than Judge Franks. The three-judge panel ruled, in January 2017, that Judge Franks applied a wrong legal standard and therefore, decided that there were in place protections for the committed person. The committed person can petition for a reduction in treatment intensity level, which can include their release. While more legal battles may occur, it seems that the state government has started to make changes. State officials have stated publicly that reforms are being made and that 100 committed persons have been provisionally released or transferred to less restricted treatment centers (Bakst & Martin, 2017).

### **Foundation Legal Cases Concerning SVP Legislation**

There are landmark legal cases that have helped to shape modern SVP laws, some of which were previously mentioned. The US Supreme Court did not hear its first commitment related case until 1940 (Sarkar, 2003). There had been many challenges that focused on varying parts of commitment laws and their intersection with constitutional principles. The following are landmark cases that are relevant to the SVP commitment discussion.

**Minnesota ex rel. Pearson v. Probate Ct. of Ramsey County, 309 U.S. 270**

(1940). Pearson sued the state of Minnesota stating that the state's commitment statute violated his due process rights as well as his equal protection rights. It was determined that Pearson had a psychopathic personality (Erickson, 2002). With this finding, the law allowed for civil commitment in lieu of incarceration. The court found in favor of the state; the statute classified Pearson as criminally insane due to his inability to control his actions; he had a compulsion.

**Baxstrom v. Herold, 383 U.S. 107 (1965).**

Baxstrom sued the state of New York because he was claiming to be held without proper hearing (Pritchard, 2013). Baxstrom was transferred from a prison directly to a mental health facility following the completion of his criminal incarceration. Baxstrom argued that this violated his equal protection rights. The court ruled that a process must be used to determine an offender's level of dangerousness before transferring the offender to a mental health facility following the completion of a criminal sentence (Rogers, 2013). The court also found that the state has a right to have civil commitment hearings if an offender who ends their criminal incarceration is suffering from a mental disorder (Sarkar, 2003).

**Youngberg v. Romeo, 457 U.S. 307, 323(1982).**

In this case, the court determined an adequate level of care for the committed. While treatment may be provided at some level for those who are criminally confined, the Youngberg decision places those committed to a stricter standard of care; they are committed to be treated and thusly, will be provided what treatment recommends (Goldberg, 2016). This ruling covers all forms of commitment, not just SVP offenders. This ruling is significant

because it protects the offender's civil liberties. This ruling states that they are to have a safe living environment; additionally, they are not to be physically restrained, unless treatment advises so (Montague, 2016).

**Allen v. Illinois, 478 U.S. 364, 369 (1986).** Allen argued that the civil commitment process violates his Fifth Amendment right against self-incrimination (Izzi, 2017). The court ruled that since the hearing was a civil matter and not a criminal one, then Allen had no such right. The court went on to say that just because Allen was allowed an attorney at the hearing, other rights in criminal cases do not necessarily follow. The court held the state statute constitutional (Izzi, 2017). A dissenting opinion spoke of the loss of liberty, and therefore, the civil commitment hearing should be considered a criminal proceeding because it can take the liberty of the one on trial. The courts, however, have always viewed civil commitment as a civil matter and never a criminal matter.

**Young v. Weston, 898 F. Supp. 744 (W.D. Wash. 1995).** Young sued the state of Washington on the grounds of his Fifth Amendment rights and his due process rights. The Fifth Amendment allows the right to not self-incriminate in a criminal trial. The state of Washington found on appeal that the Washington state law was civil and not criminal; therefore, there are no Fifth Amendment rights to be considered (Morris, 1996). The Washington state court also determined that there was no due process rights violation because the state demonstrated that Young was diagnosed with a mental disorder, a term used in the same manner as mental ill (Morris, 1996). District courts, on appeal, agreed with Young (Morris, 1996). The district court opinion was overturned a few years later

when the US Supreme Court ruled in *Kansas V. Hendricks* (1997); (Constantino-Wallace, 2013).

**Kansas v. Hendricks, 521 U.S. 346 (1997).** This Supreme Court decision upheld the constitutionality of the Kansas state SVP law. The law requires that a finding of future dangerousness be present resulting from an inability to control one's behaviors due to a mental abnormality or personality disorder (Prentky, Janus, Barbaree, Schwartz, & Kafka, 2006). This case established that the legal standard for mental health and the medical standards for mental health are not necessarily the same and do not need to mirror each other (Thiele, Wortzel, & Martinez, 2014). This distinction allows the courts to apply some of the mental health criteria or none of it to the offender; additionally, this allows the courts not to need a specific mental health condition to make a determination (Thiele et al., 2014).

**Seling v. Young, 531 U.S. 250, 262 (2001).** In this case, the Ninth District Court of Appeals found the Washington State program illegal despite previous Supreme Court rulings finding the civil commitment of SVP offenders constitutional (Janus & Bolin, 2008). The ninth circuit found that the way in which law was applied was unconstitutional, not the written law itself. The state of Washington appealed to the US Supreme Court, and the Supreme Court found that Young was essentially challenging the legality of the law, and that was already settled law (Janus & Bolin, 2008). The court further stated that a program deemed civil could not be applied punitively attaching double jeopardy and Ex Post Facto clauses causing a release (Standlee, 2009). Further, if Young wished to challenge the application of treatment or conditions of facilities, the law

had ways within it to file such complaints, the case was overturned, and Washington's law was upheld.

**Kansas v. Crane, 534 U.S. 407 (2002).** This Supreme Court case discussed the level of severity needed for commitment and the frequency of use. The court found that the use of civil commitment for SVP offenders must be the exception and not the rule; there should be more SVP offenders released than committed (Prentky et al., 2006). Furthermore, the court found that there must be a significant deficit in the ability to control one's behavior (Prentky et al., 2006). In this decision, the court ruling clarified that the state is not required to prove that an offender has lost complete control over their behavior. Rather, the state only needs to demonstrate that the offender has little control over their behavior and in turn, this behavior puts the community at danger. The Crane decision set forth the idea of volitional impairment, the legal definition of one's self-control (Prentky et al., 2006).

### **Recidivism for SVP programs**

The most significant social concern about SVP offenders is their likelihood to re-offend. A social fear of recidivism is the origin of SVP statutes and programs. The rate of recidivism among sexually based offenses is thought to be unusually high compared with other crimes (King & Roberts, 2017; Pickett et al., 2013). The actual rates of recidivism for these offenders are lower than most expect; nationally, the recidivism rate is about 5% for these types of offenders (Department of Justice, 2015b). One aspect that can determine this statistic is the examination of what is being constituted as a re-offense: are



researchers counting non-violent crimes and violent crimes? Are researchers, including just sexually based offenses or all criminal acts?

Numerous researchers have attempted to study recidivism rates for SVP offenders, both in and out of SVP treatment programs. This research is to gain a better understanding of the behavior of these offenders, but also to put the public at ease. One may ask, so why is there still a misconception of sex offender recidivism if researchers are looking at the statistics? Popular beliefs of high recidivism may be fueled by the faulty data collection and reporting errors (Neller & Petris, 2013). Some will argue that these faults in data collection and simple errors make the known rates unusable. Others, on the other hand, still maintain their accuracy (Singh, Fazel, Gueorguieva, & Buchanan, 2012; Walters, 2012). Another issue in the examination of SVP recidivism is that SVP civil commitment programs release a meager number of offenders back into the community (Singh et al., 2012). For example, in the state of Minnesota, there has not been one SVP committed offender released from the program. In the state of Minnesota, there exist no recidivism data for SVP released offenders (Minnesota Department of Human Services, 2016).

More questions are raised when researchers begin to break down the SVP offenders into categories based on demographics and actual crimes committed. Nicholaichuk et al. (2014) studied recidivism at the age of release and found a considerable difference between the recidivism of offenders released under the age of 30 and those over the age of 55. Furthermore, the criteria used to refer for commitment also affect recidivism because it affects the released offenders. For example, Wrighten, Al-

Barwani, Moran, McKee, and Dwyer (2015) looked at committed sex offenders in the State of South Carolina and found that those that were younger, had more detailed criminal histories, and a higher number of victims was more likely to be committed. Differing criteria lead to some offenders being committed at higher rates than other offenders. Depending on the specific criteria used for referral of SVPs, offenders who may be more violent but do not meet these criteria are not referred for SVP programs therefore removing them from the recidivism equation. This removal of violent offenders with history of sexually based offenses not being referred may have effects on recidivism rate calculations.

### **SVP Assessment and Risk Tools**

Risk assessment tools are used to help predict the likelihood of an offender's re-offense. This risk assessment is different from the recidivism rate; that rate is the actual re-offense rate while risk assessment tools are used to estimate one's risk of future maladaptive behavior. It is important to note that risk assessment tools are used throughout mental health and not just in SVP cases; risk assessment can be used with any maladaptive behaviors. In the SVP offender commitment process, risk assessment tools are a primary source of information for the courts to make their decisions regarding commitment of the offender. Risk assessment tools have been used by the courts for some time, and with more scrutiny being placed on expert testimony, there is a growing collection of legal challenges to its veracity (Krauss & Scurich, 2013).

The two central themes of risk assessment challenges originate in the challenge of its constitutional validity and its evidentiary admissibility. One such challenge occurred

in *Barefoot v. Estelle* (1983). The defendant was facing the death penalty, and two separate psychologists ruled that the offender would undoubtedly constitute a risk should be left alive. These two psychologists had never met with the defendant and never assessed him directly. The defendant argued in front of the Supreme Court that the use of that testimony was unconstitutional because it was invalid and inaccurate (Krauss & Scurich, 2013). The US Supreme Court disagreed. Since then, risk assessments have been challenged through the argument of evidentiary inadmissibility.

For expert testimony to be considered in court, it must pass the Daubert standard, which replaced the Frye standard in 1975, although there are some states that still use the Daubert standard (Pakkanen, Santtila, & Bosco, 2014). The Daubert standard is a standard derived from three previous court rulings; *Daubert v. Merrell Dow Pharmaceuticals*, 1993; *General Electric v. Joiner*, 1997; *Kumho Tire v. Carmichael*, (1999) (Krauss & Scurich, 2013). In the Daubert standard, the Court decreed that expert witness and testimony must meet the following four principles. The witness, or testimony, must possess a theory that can be, or has been, tested. Secondly, this theory must have been subjected to peer review and publication. Third, there is a high potential rate of error and that standards are controlling the theory. Finally, the fourth principle set by the Daubert ruling is whether the theory enjoys “general acceptance” within a “relevant scientific community (Pakkanen et al., 2014). The most startling difference between the more current Daubert standard and the Frye standard is that Daubert requires scientific validity instead of acceptance (Krauss & Scurich, 2013). This scientific validation is the cornerstone of many risk assessment challenges. The challenge to risk

assessment has even resulted in the American Psychological Association (APA) to complete amicus briefs to inform courts of the problems that can be associated with the risk tools (Krauss & Scurich, 2013).

Risk assessments can be broken down into two main categories: unstructured clinical interviews and structured assessments referred to as actuarial risk assessments. The clinical interview is less scientific and relies on the interviewer's judgment while the structured assessments rely on strict questioning and scoring assigned to the assessment. Both assessments have found admissibility in court, but the structured interview has had fewer challenges to it and had more reliability from the courts (Krauss & Scurich, 2013). Studies have shown that structured assessments are more reliable than their unstructured counterparts (Hilterman, Nicholls, & van Nieuwenhuizen, 2014). In the case of *Kansas v. Palmer* (2011), there are two types of assessments. The structured interview, assessment used was the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R), found that the offender was a low-risk offender with just a 10-12% chance of re-offense in the following six years; the assessor recommended no commitment (Krauss & Scurich, 2013). The assessor that conducted the unstructured clinical interview found that the offender was a threat and needed to be committed based on identified risk factors from research literature (Krauss & Scurich, 2014). Both assessors found the offender to be suffering from pedophilia, major depressive disorder, and borderline personality disorder. One can see that there are issues in the realm of risk assessments.

Actuarial risk assessments commonly used in SVP assessment are MnSOST-R, mentioned previously, the Static-99, the Sexual Violence Risk-20 (SVR-20), the Hare

Psychopathy Checklist-Revised (PCL-R), Violent Risk Assessment Guide (VRAG), and there are much more (Wilson, Singh, Leech, & Nicholls, 2016). Each assessment tool has supporting research, and each has research that shows the tool as an unreliable one. For example, let us take a quick examination of the Static-99. Hanson, Babchishin, Helmus, and Thornton (2013) found that the Static-99 to be an accurate risk assessment for the 2-10 years following incarceration. In a study conducted by Quesada et al. (2014), researchers found that there was a high level of interrater reliability for the Static-99 leaving them to conclude a high level of accuracy. Other researchers disagree; Varela, Boccaccini, Murrie, Caperton, and Gonzalez Jr (2013) found that the Static-99 and the Static-99R were both unreliable with minority populations. Helmus and Thornton (2015) found that the Static-99 was not as accurate with offenders from other countries.

Why is there so much disagreement among researchers regarding the accuracy of the assessment tools? One can look to the concept of base rates. Some will point to low base rates for the reason of faulty risk assessment (Singh, Fazel, Gueorguieva, & Buchanan, 2014; Lussier & Cale, 2013; Monahan, 2013). This failure to account for the low base rates in risk assessment is sometimes referred to as Base Rate Neglect. Base Rate Neglect is when researchers mistakenly anticipate a likely outcome without considering all relevant data. In other words, researchers are assuming that since SVP offenders cannot control their behavior, so they pose a high risk to the community. However, researchers have not considered the severity of the crime, the criminal history of the offender, victimology, treatment, or the age of the offender. These factors may adjust the level of risk posed by the offender. With low base rates, researchers neglect to

look for more information and take the surface connection between offenders. Again, we can look to the research that has been completed concerning the age of the offender.

Wollert (2006) discussed the base rate neglect by examining SVP offender's re-offense by their age. Wollert (2006) found that the older the offender, the lower the risk of re-offense. Taken with limited data, researchers have connected older offenders in their calculations for risk and thus affected the overall statistics. Wollert (2006) goes on to assert that many of the measures used in determining risk may be irrelevant for this population due to this base rate neglect. Singh et al. (2014) state that using structured risk assessment tools without addressing the localized base rates makes the probability results of the assessment void. Without accurate base rate calculations, assessments should not be used (Singh et al., 2014).

Hart and Cooke (2013) state that actuarial risk assessment tools (ARAI) should not be used to determine an individual's risk for future violence. In the Hart & Cook (2013) study, researchers found the margins for error were so significant that the result is an ARAI that cannot predict, with reasonable certainty, future violence. In this study, researchers concluded that any attempt to prove ARAI as a feasible way to predict future violence was unneeded because the underlying data does not change, and unless we can identify reasons for violent behavior, an ARAI is not able to determine any actions.

Other researchers though, maintain the risk assessment's accuracy. Supporters cite high interrater reliability, and the correlation between assessment scores and violent criminal behaviors (Quesada et al., 2014; Skeem & Cooke, 2010; Olver et al., 2013). Quesada et al. (2014) researched interrater reliability (IRR) of the Static-99 and found

that the assessors had high levels of IRR. The Static-99 uses a 10-item criminal history and victimization characteristics to determine risk. The Static-99 is the most commonly used assessment for SVP assessment (Quesada et al., 2014). Quesada et al. (2014) point to studies done around the world that produced like results and mentions replication studies that produced similar results of previous studies as one way of demonstrating accuracy. The Quesada et al. (2014) study showed a high correlation between researcher and practitioner scores on eight of the ten items in the Static-99. Overall, the findings pointed to an IRR agreement level of 55%, which Quesada et al. (2014) refer to as an excellent level of agreement.

Other assessment tools have found supporters as well. Researchers Rice, Harris, and Lang (2013) examined the Violent Risk Appraisal Guide (VRAG) and the Sex Offender Risk Appraisal Guide (SORAG) to determine if these assessments were still valid. Rice et al. (2013) stated that assessments need to be reviewed for validity and adjusted as time and people change. Rice et al. (2013) found that the VRAG was still an accurate assessment tool for predicting violence. The SORAG was found to be just as viable. Rice et al. (2013) did acknowledge that despite their findings, risk assessments are not perfect. The researchers did state that despite a lack of perfection among assessment tools, the assessments were the best option and that warrants their use despite the shortfalls.

### **SVP Treatment Models**

Once an offender has gone through the process of being committed, one needs to be treated. There are varying opinions on how one can treat an SVP offender. There can

be both inpatient and outpatient programs, but the methodology used in treatment is the focus of this discussion. The goal of any treatment model is to change the offender's behavior. Treatment can focus on many aspects of an offender's behavior such as curbing cravings, changing thought processes, and understanding acceptable patterns in relationships. The more common approaches to SVP treatment are modern approaches, first being developed in the 1960s (Marshall & Marshall, 2015). These treatment models focused on removing or reducing sexual arousal that was considered deviant and problematic (Marshall & Marshall, 2015). However, it took some time and effort to get to these common modalities used today.

Sigmund Freud published his Three Essays on the Theory of Sexuality in 1905 and caused an uproar in the psychotherapy community (Laws & Marshall, 2003). His three essays discussed deviant sexual behavior, infantile sexuality, and sexuality in puberty. While many in the mainstream looked to Freud as a provocateur or pornographer, his discussion of and research on human sexuality has led Freud to be considered by some as the originator in the study of human sexuality. Others would disagree with that statement, but the essence of the work that Freud and others have led therapeutic research and design since the early 20th century. What we now know as behavioral therapy though can be linked to two schools of thought: radical behaviorism of John Watson and descriptive taxonomic approach of Alfred Kinsey (Laws & Marshall, 2003).

John Watson developed his theory of radical behaviorism after reading Edward Thorndike and Ivan Pavlov (Laws & Marshall, 2003). Watson combined the notion of



positive reinforcement with conditional learning to form his behaviorist theory. Watson stated three principals. First, psychology should be about a person's behavior and not an examination of consciousness. Secondly, methods used should be objective and not introspective. Finally, the goal of treatment should focus on predicting and controlling one's behavior, and not attempt to fundamentally understand the mental events (Malone & García-Penagos, 2014; Laws & Marshall, 2003). Watson's work has led to the more widely known work of B.F. Skinner in the mid-20th century and his work with behavioral models.

Alfred Kinsey created his theory of a descriptive taxonomic approach. Kinsey was very much a student of Freud and believed that human sexuality drove the rest of human behavior (Laws & Marshall, 2003). This belief is why Kinsey believed that human behavior needed to be examined in all its states, not just acceptable behavior but deviant behaviors as well. Kinsey, a biologist at heart, decided to define human sexual behavior in a taxonomical structure, like an animal taxonomy (Laws & Marshall, 2003). Kinsey looked to delineate behaviors through experiences, preferences, types of behaviors engaged in, as well as other categories. Kinsey and his research team interviewed people from all lifestyles and all appropriate age ranges and completed an enormous data collection project that allowed Kinsey to create his taxonomy (Bullough, 1998; Pryce, 2006). Kinsey came to understand that one must have a detailed history of sexual behaviors if there was any desire to assess and treat these individuals.

These works, as well as continued research into behavioral therapy, led to significant strides in treating more mundane psychological issues such as depression and

anxiety (Laws & Marshall, 2003). Researchers believed that sexual deviance was a result of distorted sexual desire. Regarding strict behaviorist approaches, the 1960s saw a focus on sexual desire as the behavior to change. Practitioners believed that if they changed the deviant desire, then the client would eventually revert to acceptable areas of desire. The practitioners focused on reducing deviant sexual responses (Laws & Marshall, 2003). This way of thinking was a product of the Sexual Preference Hypothesis. This hypothesis stated that early sexual experiences were of enormous importance because it shapes the future fantasies of an individual (Storms, 1980). In simpler terms, a person will have a sexual predilection to what they experienced early in life.

The use of behavioral therapy models in conjunction with those considered sexual deviants started with a process called aversion therapy. Aversion therapies can be painful or uncomfortable; they are designed to associate pain and uncomfortable feelings with the undesired behavior. In the earliest forms of aversion therapies, practitioners used nausea-inducing chemicals in connection with the unwanted behaviors, such as alcoholism (Wilson & Davison, 1969). Later, practitioners used electric shock treatment to try to curb behaviors (Laws & Marshall, 2003). The electric shock was viewed as a better alternative than using chemicals because it demonstrated a quicker response, a response attributable solely to the stimuli. Electric shock aversion therapy became the go-to for the treatment of homosexuality, and other fetishes considered deviant. Practitioners were also known to use strong odors, public shame and embarrassment, and even imagery. There are examples of the imagery approach having been used with juvenile clients; practitioners have tried an aversive imagery treatment (Kolvin, 1967). Kolvin (1967)

pointed to positive and negative components of such treatment and recommended further examination.

It is essential to mention a technique designed by Kurt Freund in 1960's Czechoslovakia. Freund created the Phallometric Assessment Procedure. Freund created a device that measured physical penile arousal by measuring the circumference of the client's penis while being exposed to stimuli that are considered allowable and those that are considered deviant (Laws & Marshall, 2003; Plaud, 2019; Winsmann, 2017). Some practitioners developed their tools, but they all remarked about the procedure's ability to measure involuntary arousal rather than solely rely on an individual's self-report (Laws & Marshall, 2003; Plaud, 2019; Winsmann, 2017). Since its inception, many forms of the phallometric assessment procedure have been created and are still in use today. Research can be mixed, but there are many studies believed to demonstrate the effectiveness of such assessments (Plaud, 2019; Seto, Kingston, & Bourget, 2014; Winsmann, 2017). Despite disagreement among researchers, this assessment is broadly used and considered valid.

Treatment models progressed over time to include more areas of concern related to deviant sexual behaviors. Some subjects included distorted ideas, empathy, coping skills, lack of social ability, and relapse prevention (Marshall & Hollin, 2015; Marshall & Marshall, 2015). New ideas emerged and changed treatment models for sex offenders. The first advancement was Andrew's three principles for effective treatment (Marshall & Marshall, 2015). These three principals are risk, need, and responsivity (Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013). The risk principle states that those who

are at higher risk should be in treatment that is more intensive, and those of low risk in less intensive treatment (Marshall & Marshall, 2015; Prendergast et al., 2013). The need principle states that the treatment should be focused on the utmost need that is related to the offender's criminal behavior so that the treatment is focused on correcting illegal actions (Marshall & Marshall, 2015; Prendergast et al., 2013). The responsivity principle states that the specific treatment model used should be the one that is most appropriate for the offender; treatment is unique to the offender and not a one size fits all approach (Marshall & Marshall, 2015; Prendergast et al., 2013).

The 1970s saw advancements in three specific areas of SVP treatment models and assessment techniques. First, researchers continued to improve phallometric assessments and its use in adjusting what was considered sexually deviant behaviors or predilections (Marshall & Laws, 2003). Secondly, researchers began to implement cognitive approaches in connection with the behavioral conditioning skills of their predecessors. Finally, researchers began to develop comprehensive treatment models that addressed the many issues these clients' faces and did not focus one specific aspect of behavior (Marshall & Laws, 2003). The phallometric assessments were non-standard and varied greatly amongst practitioners throughout the country. Practitioners used different machines, different measurements, different ways of recording data, and different stimuli (Marshall & Laws, 2003). By the mid-1970s, some researchers had published their work and their procedures to attempt to standardize the practices, and by the end of the 1970s a phallometric assessment was used throughout SVP assessment and was considered the gold standard. Despite the seeming progress, researchers began to understand that it was

not just enough to curb sexually deviant desire and arousal, but there needed to be more work done in making SVP client's arousal occurred to appropriate stimuli (Marshall & Laws, 2003).

It was commonly viewed that the behavioral skills being used to curb deviant sexual behaviors were effective (Marshall & Laws, 2003). Cognitive approaches to treatment were beginning to permeate all areas of psychotherapy, and it was not long before SVP treatment was affected by the cognitive theories. Whereas there was a strict behaviorist approach to the treatment of SVPs, the concepts of perception, memory, attitude, and beliefs directing behavior connected with the behaviorist notion of sexual arousal (Marshall & Laws, 2003). These two ideas together rapidly moved practitioners to a more cognitive point of view in the treatment of SVP's. Along with the shift in treatment focus to a cognitive basis, practitioners began to emphasize the victims of these crimes. Practitioners began to talk about empathy, the perceptions of the SVP by others, and self-esteem issues (Marshall & Laws, 2003).

Researchers began to realize that a one-dimensional approach was not working so they started to look at creating a more comprehensive treatment model. These researchers looked at what they were doing and saw that they were trying to change deviant sexual thoughts and create empathy and self-esteem. Researchers realized they were trying to change deviant behavior to acceptable behavior, but these clients lacked the social skills needed to interact with the average person (Marshall & Laws, 2003). These researchers then decided to include pro-social skills so that offenders could more appropriately act with other adults. Researchers began to provide offenders with general social skills,

relationship skills, sexual education, acceptable levels of assertiveness, and accepted gender role behaviors (Marshall & Laws, 2003).

The 1980s saw a new approach added to the comprehensive models of the previous decade. Practitioners borrowed relapse preventions from addiction therapies (Marshall & Laws, 2003). Practitioners looked at the sexual deviant behaviors, desires, and arousals as a possible addiction and thought to include relapse prevention as a critical component of treatment. Practitioners were worried what would happen to the offenders when they were re-entering society and facing the real world without the controls of a treatment facility. Relapse prevention and planning strategies were created to offenders a toolkit to use in the real world when they had trouble with their deviant thoughts, arousals, or behaviors.

Another crucial theory that was introduced to the Cognitive-Behavioral approach to treating sex offenders was the idea of social learning. Social Learning Theory, formalized by Albert Bandura, states that people learn through the observation, imitation, and modeling of others. This theory is a bridge between behaviorism and cognitive learning (Bandura, 1977; Marshalls & Laws, 2003; Ward, & Beech, 2006). Ward & Beech (2006) stated that an offender's basis for deviant arousal and behaviors are a result of genetics, neuropsychology, and social learning. When in cooperation with the social learning theory with cognitive-behavioral therapies, one may see a way to change behaviors by helping the client to re-learn appropriate behavior.

In the 1990s, we see an explosion of laws created to commit SVP's. Additionally, or more accurately, because of, the creation of these laws, there was a sharp increase in

the prediction of future offenses. This topic has been discussed at length previously.

Future research is being done in the areas of relapse tendencies, allowing researchers to understand what the more common reasons for relapse among the SVP population are that has returned to the real world and that is no longer in treatment.

A second modern idea that has emerged to change the nature of SVP treatment is motivational interviewing (MI); (Marshall & Marshall, 2015). MI is used with offenders who are not open to treatment (Miller, & Rose, 2015). MI addresses ambivalence towards treatment by evoking change talk with the offender. The more the offender uses change talk in contrast to sustained talk, the more their behavior may change. Additionally, this change, while elicited, is the offender's idea and decision (Miller, & Rose, 2015). MI is a powerful way to change thinking patterns. The third idea that has changed the way in which treatment is provided is the use of assessment tools, which were previously discussed.

Today, the most commonly used treatment model for SVP populations is CBT. CBT has become one of the most comprehensively researched treatment models in practice today (Butler, Chapman, Forman, & Beck, 2006). CBT, as of 2006, has over 325 studies conducted to examine its effectiveness with a growing number of psychological issues (Butler et al., 2006).

However, this extensively and thoroughly researched methodology does not mean that others are not trying to find a better way, or maybe a different way, to treat SVP clients. One such model is called the Good Lives Model (GLM). The GLM is a dual-pronged approach to SVP treatment. This approach focuses on encouraging offender

goals and reducing the risk of recidivistic behavior (Barnao, Ward, & Robertson, 2015; Willis, Yates, Gannon, & Ward, 2013). The idea of the GLM is to give an offender a good life by instilling obtainable goals and without harming others. GLM is a rehabilitation-focused program that is grounded in a strength-based approach (Barnao et al., 2015). GLM uses the offender's personal preferences, values, and goals and uses them to help the client move toward a better way of living. Secondly, GLM provides the offenders the skills and resources needed to achieve the 11 primary goods, or essential experiences, that bring benefit and increase fulfillment (Barnao et al., 2015). Those 11 primary goods, according to Barnao (2015), are life, knowledge, excellence in play, excellence at work, autonomy, inner peace, friendship/love, community, spirituality, happiness, and creativity. Those who support the GLM believe that by achieving these 11 primary goods, one can live a life of well-being with fewer psychological difficulties.

To achieve these primary goods, an offender must use secondary goods to move toward the primary goods. When an offender uses inappropriate secondary goods, such as criminal acts, to obtain primary goods, the inappropriate goods are blocking the intended ends of the action (Barnao et al., 2015; Ward & Fortune, 2013). Therefore, if one wants a relationship and attacks a person, the secondary good of the attack blocks the primary good of the relationship. Proponents of the GLM believe that all people have a plan for a happy life, even if it is unconscious, and it is the lack of sufficient secondary goods that lead to offending. GLM proponents attempt to provide SVPs with the knowledge, skills, and competencies to obtain their primary goods in acceptable ways, help offenders



overcome flaws in his or her life plans, and, finally, to instill relapse prevention plans (Barnao et al., 2015; Ward et al., 2013).

Willis et al. (2013) stated that few completed research projects examine the efficiency and validity of the GLM. However, the concept of positive psychology is well researched and empirically supported. It is understandable that the GLM is not as commonly researched as other models because the GLM is still in a relative infancy for a treatment model, but more studies are starting to surface. In concept, researchers point toward the possibility of its success in use with an SVP population, so researchers are setting out to learn more about its practice in the real world. Willis, Ward, & Levenson (2014) conducted a study of North American programs using GLM and examined the operationalization of the program. They found that while the facilities are using GLM correctly, they are using it too late in the process, so the approach becomes normalized therapy with a positive spin.

Barnett, Manderville-Norden, and Rakestrow (2014) conducted a study to determine the efficiency difference for male SVPs treated through the GLM, and those treated in more common relapse prevention programs. Barnett et al. (2014) compared 601 offender results and found that the results of the GLM and the traditional methods were about equal for like offenders. Barnao, Ward, and Casey (2016) did a multi-case study of GLM with a forensic population looking forward to determining what the perception of the model was and how the practitioners felt about the model. Barnao et al. (2016) found four factors that limited the positive perception of the model; exposure to GLM, experience using GLM, client type and their inability to enact change and client reaction

to GLM practices. There is a limited batch of GLM studies to review at this time, but with more research, maybe more credence can be given to the GLM, or we can move away from it all together should the research be negative.

A different area to examine when talking about SVP treatment practices is the physical treatment being used today to treat sex offenders. While we have discussed aversion therapy already, this physical treatment is more about the biological response rather than a behavioral one. While this process is not psychological, it deserves a brief mention. This physical approach to treating sex offenders is chemical castration or a physical castration. Castration can be traced far back into history as a way to curb men's sexual appetite as well as other practical beliefs. For example, castrated men were used to protect women in ancient cultures and in the 1700s castration were used to stop young boys in choirs from having their voice deepen as they grew so that they could remain at a particular pitch (Scott & Holmberg, 2003). Castration has a long history of use as a way to curb male sexual urges (McMillan, 2014). In India in the 1700s, a doctor used castration to alter the sexual drive of almost 200 prisoners (Scott & Holmberg, 2003). Chemical castration, which is a process used to reduce testosterone, was first used in 1944 and in 1966 it was first used with an SVP offender (Scott & Holmberg, 2003).

As of 2013, eight states have some form of castration legislation: Florida, Georgia, Louisiana, Texas, Wisconsin, California, Montana, and Oregon (Mancini, Barnes, & Mears, 2013). These laws first appeared in 1997 in Florida and California (Mancini & Mears, 2016). Of the eight states, four of them require offenders with child victims to undergo the chemical castration process; two states allow offenders to opt for a

physical castration instead of the chemical option (Mancini et al., 2013). McMillan (2014) states that physical castration still occurs in countries in Europe as a means of treating sex offenders despite the prevailing opinion that it is degrading treatment. The German and Czech governments refute the criticism of those opposed to using castration as treatment and state that there is a clinical effectiveness to the process. The German and Czech government refer to studies done in the past that show offenders who were castrated re-offended at a significantly less rate than those who did not have the procedure. One such study, conducted by Losel and Schmuckler in 2005 showed that those who were castrated, physically or chemically, re-offended at a rate of 37% less than their non-castrated counterparts (McMillan, 2014; Mancini et al., 2013). Another, much older study conducted in the 1970s has shown that the recidivism rate for castrated men was 3% while non-castrated men's recidivism rate was 45% (McMillan, 2014). One aspect that does seem to be universally agreed upon is consent for castration. Countries still using castration have included consent of the offender as a requirement (McMillan, 2014; Mancini et al., 2013). Without consent, there is no physical castration allowed by law.

### **Sex Offender Registration, Residency Restrictions, and Public Notification**

Sex offenders, when released from incarceration, or treatment programs, are saddled with registration requirements, residency restrictions, and subjected to public notification. Registration of sex offenders can be traced back to the 1940's in California when they instituted a registration like system. Their system was far less inclusive of information and not as easily accessed by the public as they are today (Bierie, 2016; Tolson, & Klein, 2015). In 1994, it became law that all states create a sex offender

registration due to the passage of the Jacob Wetterling Act (Tolson & Klein, 2015). The Wetterling Act requires states to keep a record of the offender's name, photo, address, and criminal offense. In 1996, Megan's Law was passed, and the Wetterling information that was previously collected became available to the public, creating public notification law (Prescott & Rockoff, 2011; Tolson & Klein, 2015). Following Megan's Law, the Adam Walsh Child Protection and Safety Act of 2006 was passed, commonly known as the Adam Walsh Act. This legislation changed the registration requirements. The length of required registration expanded, sometimes leading to lifetime registration for some offenders. Moreover, the Adam Walsh Act language made it possible to include offenders as young as 14 years old (Prescott & Rockoff, 2011; Tolson & Klein, 2015). Offenders who are now on the registry are overwhelming male (98%), white (66%), and average 45 years of age (Harris, Levenson, & Ackerman, 2014).

Registration programs have come under scrutiny; researchers are asking if the registration programs have any effect on offenders. This concern seems to be in opposition to public opinion on such laws; Bierie (2016) states that the programs are broadly supported by both the public and public officials. Researchers have argued four main points regarding the registration system. First, that since the actual recidivism rates of sex offenders are rather low, 5% in short-term studies and 15% in longitudinal studies, a registration system is unwarranted (Bierie, 2016). Secondly, sex offenses are overwhelming, 90%, committed against someone known to their attacker so trying to notify the family and friends is unneeded (Bierie, 2016). Thirdly, studies show that there is no significant difference in reported offenses before and after these laws have been

implemented, so carrying them further is superfluous (Bierie, 2016). Finally, there are significantly detrimental harms to the offenders from these laws (Bierie, 2016). Prescott & Rockoff (2011) showed in their study that public notification could lead to increased recidivism as discussed by Bierie (2016). Additionally, Prescott & Rockoff (2011) reported a finding that the registration and notification laws lead to decreased property value, added stress to community members, and does not alleviate concerns from the community. Researchers warn of the continued use of insufficient ways to reduce sexual recidivism and the perhaps long-term increase of such crimes by improper handling of these offenders.

Residency restrictions are laws that are put in place with the sole intent to keep these offenders from vulnerable populations. Currently, most states have some form of residency restriction put in place. Residency restrictions limit offenders from living near places such as parks, playgrounds, schools, and bus stops (Tolson & Klein, 2015). These restrictions will typically have distances attached, for example, a state may require that an offender live no closer than 1,000 feet from one a school. Often, offenders will need to comply with residency restrictions from multiple jurisdictions such as town, state, and county laws, which can all vary. Research has shown that residency restrictions are far more effective in making the public feel more comfortable than they are in helping to reduce recidivistic behavior (Connor & Tewksbury, 2017; Tewksbury, 2014). Research is showing that these laws keep offenders in a far more isolated environment often limiting their support networks and access to treatment (Tolson & Klein, 2015; Tewksbury 2014). Nobles, Levenson, and Youstin (2012) report that in their study of offenders in

Jacksonville Florida, the found no statistical evidence of the residency restriction affecting offender recidivism. Tewksbury, Jennings, and Zgoba (2012) examined offenders in New Jersey both before and after the initiation of registration and residency laws. Tewksbury et al. (2012) found that these laws were not a determining factor in offender recidivism.

### **Neurobiology of Violence and Sexual Aggression**

There have been considerable strides in technology in recent years. This increase in technology has produced new ways to research difficult matters and has been able to provide researchers with a more thorough view of the brain leading to increased knowledge of how people think and behave. One area that has been focused on is the use of technology to try to understand how the brain functions regarding violence and how that can be translated to an understanding of sex offenders and their behavior (Loeber, Byrd, & Farrington, 2015). Researchers hope that these new developments in technology will further understanding and improve treatment outcomes. This brief look into neurobiology and its impact on violence and sex offenders is a future research method that is only beginning to be utilized, but it is vital to note that this examination is cursory and only skims the topic.

Research into violence on a neurobiological level has produced an impressive wealth of information. Research into violence begins with a look at aggression. Aggression used to be codified into two categories, impulsive and instrumental (Rosell, & Siever, 2015). Impulsive aggression would be described as short, tempered, or volatile; while instrumental aggression can be described as goal-orientated or callous (Rosell &

Siever, 2015). Recent changes in research now label aggression as either reactive or proactive. Reactive aggression is behavior that is accompanied by anger, is in response to stimuli, and is used to react to unwanted occurrences. Proactive aggression does not require anger, is initiated by the person rather than stimuli, and is used to obtain something the person desires (Pechorro, Ray, Raine, Maroco, & Gonçalves, 2015; Rosell & Siever, 2015). Reactive aggression is commonly associated with people with a history of abuse and impulsivity while proactive aggression is commonly associated with Psychopathy, physical aggression, and violent offenses (Pechorro et al., 2015, Rosell & Siever, 2015). These traits of increased aggression are now being found to in people with reduced amygdala volumes (Rosell & Siever, 2015; Pardini, Raine, Erickson, & Loeber, 2014; Márquez, Poirier, Cordero, Larsen, Groner, Marquis, ...& Sandi, 2013). The amygdala is a small part of the brain responsible for emotional learning, memory, and shaping cognitive effect and sympathetic responses (Rosell & Siever, 2015; Pardini et al., 2014; Márquez et al., 2013). Also involved in aggression is the Limbic Prefrontal Cortex (PFC) which is responsible for sensory and cognitive processes (Rosell & Siever, 2015; Soloff, Abraham, Burgess, Ramaseshan, Chowdury, & Diwadkar, 2017). Research is showing that lower levels of function in the Limbic PFC lead to increased levels of aggression. Furthermore, of importance are the serotonin levels within the brain. Researchers are finding that lower levels of serotonin are associated with impulsive aggression and a lack of control (Rosell & Siever, 2015; Coccaro, Fanning, Phan, & Lee, 2015).

Aggression, violence, and sexual offending all can be found to be affected in the same sections of the brain, specifically in the limbic system. Studies have shown that sex offenders tend to have dysregulation in their limbic systems (Amador, 2016; Dackis, et al., 2012; Tenbergen et al., 2015). Neurobiological studies are showing correlations between low limbic functioning and increased aggression, violence, and sexual offending. Why will some with low limbic function offend sexually while others offend in general violence? Research points to environmental factors (Tenbergen et al., 2015). Focuses such as limbic irritability are discussed. Limbic irritability is when a child is traumatized, causing an interruption in the child's brain development. These children would form limbic systems without proper cognitive control or reasoning (Dackis et al., 2015). While technology is allowing us to examine the neurobiological underpinnings of violent behavior, it does not exist in a vacuum. There is an environmental component involved.

### **SVP Civil Commitment Statutes Throughout the United States**

Currently twenty states, as well as the federal government, have SVP laws passed through their separate legislatures. Much of these laws have common language and purpose. However, there are some areas of difference that are important to recognize and identify. SVP definitions differ from state to state. The term sexually violent predators are not used throughout all state laws (Felthous & Ko, 2018). Four states use the term sexually violent person, three states use the term sexually dangerous person (SDP), and the state of North Dakota uses the term sexually dangerous individual (Felthous & Ko, 2018). The remaining 12 states use the common term sexually violent predator, or SVP



(Felthous & Ko, 2018). Pennsylvania also uses the term sexually violent delinquent (Felthous & Ko, 2018). Differences in terminology often center on debates of decreasing stigma for the offenders and the programs. In the state of Illinois, the legislature has further divided offenders into subcategories, SVP and SDP (Felthous & Ko, 2018).

Even within some states, there are different laws that use different language and term definition to differentiate offenders. The state of Illinois defines an offender as SDP when that offender suffers from a mental disorder and has a predilection towards criminal acts involving sexual offences and who has participated in acts such as sexual assault or the sexual molestation of children. The Illinois law allows for the state to prosecute someone under their SDP law instead of charging the person with a sexual offence (Felthous & Ko, 2018). If found guilty, the SDP offender is committed to a hospital. If the offender were to be charged under other statutes, the offender would be remanded to the department of corrections where the offender would receive a form of sexual offender treatment (Felthous & Ko, 2018).

Other differences in terminology include the way in which different states address the mental status of offenders. Five states use the term mental disorder to define the necessary mental status offenders must possess (Felthous & Ko, 2018). Twelve states use the term mental abnormality. The state of Washington uses the term mental abnormality but also uses personality disorder as criteria for mental status of offenders (Felthous & Ko, 2018). The state of Texas uses the term behavioral abnormality (Felthous & Ko, 2018). The state of Minnesota uses the term sexual psychopathic personality (Felthous & Ko, 2018). Nebraska uses the terms mental illness or personality

disorder (Felthous & Ko, 2018). The federal government also uses the term mental illness as criteria for mental status of offenders (Felthous & Ko, 2018). Each state has its own defined meaning for the terminology used and this leads to different criteria and different offenders being referred.

Another difference between states is what the standards are for commitment (Felthous & Ko, 2018). Within these standards are several categories. The first category is a standard of proof. This standard is what the state must prove in order to refer someone for commitment (Felthous & Ko, 2018). Those standards are known as beyond a reasonable doubt and the second is clear and convincing. The standard beyond a reasonable doubt is used by nine states for commitment referrals. The standard of beyond a reasonable doubt is the higher standard of the two and is most commonly associated with criminal trials. Eleven states, and the federal government, use the proof standard of clear and convincing in their commitment referrals (Felthous & Ko, 2018). Busse (2016) defines the clear and convincing standard of evidence as when the state can provide evidence that an event has a highly probable, or reasonably certainty, to occur. While these two standards do differ, all states lay the burden of proof on the state to prove that an offender needs commitment (Felthous & Ko, 2018).

Furthermore, there are differences between who bears the burden of proof for release of offenders as well as what level of proof standard is used at release. There are 17 states that require the state to supply proof of release, or non-release (Felthous & Ko, 2018). In Massachusetts, the offender is required to demonstrate to a court that they are no longer a threat (Felthous & Ko, 2018). In New Jersey, the treatment team bears the

burden of proof (Felthous & Ko, 2018). The federal government puts that burden on the facility director (Felthous & Ko, 2018). In Pennsylvania, the facility director provides an annual evaluation and the court bears the burden. At the release phase of each program, there is once again the standard for proof that must be considered. The standard at release varies more than at commitment. The standards fall into one of the following standards (a) beyond a reasonable doubt; (b) clear and convincing; (c) preponderance of evidence; (d) not likely to engage in sexual acts (Felthous & Ko, 2018). Six states require that those who bear the burden of proof meet the standard of beyond a reasonable doubt (Felthous & Ko, 2018). There are 11 states require the standard of clear and convincing be met (Felthous & Ko, 2018). Two states use the standard of preponderance of evidence (Felthous & Ko, 2018). New Jersey is the only state that uses the standard of not likely to engage in sexual acts as a standard of proof for release (Felthous & Ko, 2018).

Another substantial difference between programs is the condition of the release of offenders. At the basic level, offenders are either release with or without conditions. New Jersey is the only state that releases its offenders without any conditions (Felthous & Ko, 2018). The remaining states, and federal government, have conditional releases but these conditions vary greatly. Some programs have a time-based conditional release, such as in Kansas where an offender is released on a five-year conditional release (Felthous & Ko, 2018). Once five years have passed, without re-offenses, the offender is done with the program. In California, the release is conditional and then becomes unconditional but there are no specific timetables written into legislation and is left to the

courts to decide (Felthous & Ko, 2018). In Iowa, some offenders are released with supervision, some without supervision, some with conditions, and some without conditions (Felthous & Ko, 2018). The type of conditional release is dependent on the district attorney. Each state has its own individual standard that they follow, and they can vary greatly from one state to another.

What those conditions are also can vary from one state to another. Some conditions included in legislation throughout the states include (a) supervision; (b) sex offender registration; (c) residency programs such as halfway houses; (d) associations; (e) monitoring; (f) medication; (g) counseling; (h) employment; (i) and firearm possession (Felthous & Ko, 2018). Some states allow the appointed agencies to determine the conditions placed on the offenders. Some states are stricter than others.

One final area that there are some differences is what happens when an offender violates the conditions of their release. There are 17 states that send the offender back to the facility and commitment program from which they were released for additional treatment. In New York, the statute allows for return to commitment, but it also allows for the governing agency to increase the level of supervision for the offender (Felthous & Ko, 2018). In Texas, the law states that the offender should be returned to a more restricted setting which could include (a) increased supervision; (b) additional conditions; (c) or even returning to the program for further treatment (Felthous & Ko, 2018). In New Hampshire and North Dakota, violation of conditional release is considered a felony and the offender, and the applicable state law applies for felony charges (Felthous & Ko, 2018). In Massachusetts, the offender is imprisoned (Felthous & Ko, 2018).

There are some similarities between state SVP laws as well. Felthous and Ko (2018) wrote that states share the necessity of have a hearing, or in some cases the option of a jury trial. Additionally, all states have a probable cause hearing as part of the process for SVP/SDP offenders going through the civil commitment process (Felthous & Ko, 2018). Other similarities include the duration of commitment. Nearly all states, 18 and the federal government, have an indeterminant length of commitment, or an implied indeterminant length of commitment (Felthous & Ko, 2018). North Dakota lists their time in commitment as until full benefit is met and Pennsylvania has their offender's commitment renewed annually. Additionally, nearly all states have a scheduled annual review. Some states have caveats to this with increasing ability to petition for release after the first year's completion. Texas is the only state with a two-year scheduled review. All states have the courts as the agency with releasing authority.

While states have these similarities, as well as some others, in their SVP legislation, the differences are just as plentiful. Much of the language is similar but the intention of that language as well as the practical application of that language carries significant differences. Each of these states, including the federal government, has tried to create these laws through the guidance of the United States Supreme Court, as well as state reviews and court decisions.

### **Summary**

Chapter 2 discussed the literature search strategies and the locations where literature was found. Chapter 2 also discussed a theoretical framework covering topics such as the theories origin, key components, and its application in this study.

Furthermore, this chapter provided an in-depth analysis of literature relating to the studies topics. Topics included the history of sexual offending laws, landmark legal cases, recidivism rates, assessment and risk tools, treatment models, neuropsychology, and a review and comparison of SVP legislation throughout the United States. This chapter also discussed gaps in the literature. In Chapter 3, the research methodology will be explained, and the reasoning for decisions made will be discussed.

### Chapter 3: Research Method

The purpose of this exploratory phenomenological research is to examine treatment staff's and administrative staff's views on the treatment process of mandatory civil commitment programs for SVPs. I used the exploratory phenomenological approach to understand the shared experiences among the study participants. Husserl (1970) first described phenomenology as the study of consciousness and the understanding of lived experience. The data gathered from this study will add to the knowledge that researchers can use in their further studies of such programs. Presently, no studies have been conducted that consider the staff in these programs.

In this chapter, the project design and the rationale behind the decision to use such an approach will be discussed. The rationale for using an exploratory phenomenological qualitative approach and for not using other approaches will be reviewed. The participants from the study, sampling, data collection, how data were analyzed and interpreted, and the ethical considerations associated with this approach will be discussed in this chapter.

#### **Research Design and Rationale**

There are significant benefits to using the exploratory phenomenological approach to study the attitudes, perspectives, and opinions of staff in SVP programs. In this study, I examined the lived experiences of these individuals and asked them to relay what they know and believe. Exploratory phenomenology, also known as descriptive phenomenology, is used to explore the experiences of individuals involved in an event or phenomenon. Exploratory phenomenology does not intend to solve an underlying

problem (Dykes & Williams, 1999; Greenfield, & Jensen, 2016; Lyons & Coyle, 2016; Van Manen, 2014; Wojnar & Swanson, 2007). With this approach, researchers elicit the experiences of others instead of participating in the experience themselves (Dykes & Williams, 1999). One research question directed this study:

RQ: What are the perspectives, attitudes, and opinions of program administrators and treatment staff concerning the overall treatment process in mandatory civil commitment programs for SVPs throughout the United States?

Three approaches exist for researchers to choose from when designing a study: quantitative, qualitative, and a combination of those two called the mixed-method approach (Creswell, 2014; Lyons & Coyle, 2016). In this study I used a qualitative research approach. Qualitative research is an approach used to explore the meaning ascribed to an event by the people experiencing it (Creswell, 2014; Lyons & Coyle, 2016; Strauss & Corbin, 1990). This examination uses personal accounts, opinions, and interpretations.

A problem must be identified before a researcher can choose an approach to study (Creswell, 2014). In this case, the problem identified was that there is no known information available documenting the attitudes, perspectives, or opinions of staff working in mandatory civil commitment programs for SVPs, leaving a significant gap in the current knowledge. Once the problem is identified, a research method can be chosen. In this case, choosing a qualitative approach was appropriate because the problem is concerned with the experiences of a certain population. Studies do exist where researchers examined SVP commitment programs, but most have been quantitative. Most



of these studies included statistical analyses to determine the effectiveness of programs through recidivism rates and completion rates (Lussier & Cale, 2013; Monahan, 2013; Neller & Petris, 2013; Olver et al., 2013; Quesada, Calkins, & Jeglic, 2014; Singh et al., 2012; Skeem & Cooke, 2010; Walters, 2012). These studies do not account for the human experience.

Once researchers decide on an approach, they choose a research design that fits their research question. With the qualitative approach, there are some designs to choose from: narrative, ethnography, case study, grounded theory, and phenomenology (Creswell, 2014; Lyons & Coyle, 2016; Marshall & Rossman, 2014). A research participant sharing their story with a researcher characterizes a narrative approach. In a narrative approach, the detailed stories of others help to understand a problem (Creswell, 2014; Creswell, Hanson, Clark, Plano, & Morales, 2007; Lyons & Coyle, 2016). Ethnography is the study of people's behaviors, language, and actions as a cultural group, not as individuals. Ethnography is best used when looking for information from a broader perspective (Creswell, 2014; Creswell et al., 2007).

Case studies are in-depth analyses of a case, program, event, or process of one or more research participants where researchers collect detailed data to examine an event (Creswell, 2014; Creswell et al., 2007). Grounded theory refers to the practice of researchers developing a theory of behavior, or interactions, by viewing the research participants. Grounded theory would apply when there is no theory existing to explain the event (Creswell, 2014; Creswell et al., 2007; Lyons & Coyle, 2016). Finally, phenomenology is when a researcher attempts to describe and understand the lived

experience of research participants as it relates to an event or phenomenon (Creswell, 2014; Creswell et al., 2007). For the research question in this study, a phenomenological examination of the human experience was the appropriate choice of research design. This approach was applicable because I was attempting to gain an understanding of the experiences of staff and legal professionals in mandatory civil commitment programs for SVPs.

### **Role of the Researcher**

The researcher can easily influence data collected while conducting qualitative research. Therefore, it is vital for researchers to acknowledge and describe their role in conducting this research (Orb, Eisenhauer, & Wynaden, 2001). In qualitative research, as discussed previously, the process is an interpretive one, and the researcher must participate in some manner, through either observation or interviews (Creswell, 2014). Researchers must identify their own biases that will influence the interpretation of data collected. Researchers must identify any ethical concerns that may arise while conducting the data collection and interpretation of data. Creswell (2014) discussed six areas of concern to the researcher in a qualitative study: (a) past research associated with the research problem, (b) how a researcher's experiences affect their interpretations, (c) connection to facilities involved in the study, (d) the process of gaining approval to conduct the study in the facility, (e) how a researcher accesses the facility, and (f) any ethical considerations about the study.

A researcher's disclosure of experiences with either the research problem or any participants helps those who read the study to understand any connections between the

researcher and the participants. Creswell (2014) recommended that a researcher explain how experiences related to the topic, or participants, may influence the interpretation of data collected. Disclosing previous experience on the research topic is important because there may be an emphasis on particular themes discussed (Creswell, 2014); researchers attempt to find evidence to support previously held assumptions, and there may be an attempt to create specific conclusions regarding the study material or participants. A researcher needs to discuss any connection to facilities or participants that may disproportionately influence the researcher's participation (Creswell, 2014). Creswell (2014) gave the example of researching a facility in which the researcher actively works or using friends as participants. These issues raise considerable concerns when interpreting and collecting data. Researching in the workplace creates problems of confidentiality, reprisal, confusion between being a researcher and clinician, and gathering inaccurate information. If conducting research in the workplace and using patients, researchers must identify themselves as researchers or clinicians to the patient (Orb et al., 2001). Creswell (2014) recommended that researchers describe how these concerns will be handled and mitigated as part of their study.

Researchers also should describe how they obtained appropriate approvals and permissions from institutional review boards (Creswell, 2014). These permissions and approvals help to ensure that a researcher operates within specific guidelines designed to protect participants (Creswell, 2014). Additionally, Creswell (2014) recommended including any approval letters from institutions, such as review boards, in the study's appendices. Researchers should describe how they obtained access to any facilities,

locations, and participants within their discussion of the researcher's role (Creswell, 2014). Additionally, researchers should discuss ethical concerns that may arise while conducting the study. Furthermore, researchers need to describe how they plan to address concerns. One way to address ethical concerns is to avoid using names or participants, locations, or other identifying information.

In this current research, I have no connection to previous studies on the attitudes, perspective, or opinions or staff at mandatory SVP programs throughout the United States, nor do I have any experience studying the SVP topic in any other avenue other than literature reviews. I have not worked at, nor had any experiences, at any facility that is used to house and treat the mandatory SVP population throughout the United States. I have no connection that may influence the interpretation of the data collected from participant sex offender professionals.

This study utilizes interviews as the primary data collection model. Interviewing is one of the two forms of data collection in qualitative studies (Byrne, 2001; Chenail, 2011; Crabtree & Miller, 1999; Creswell, 2014; Creswell et al., 2007; Erickson, 2012; Flick, 2014). The research question demands interviews to help determine sex offender professionals' attitudes, perspectives, and opinions. This information cannot be learned through observation. My role during the interview process will be to ask questions that allow the interviewees to discuss their attitudes, perspectives, and opinions about their programs and how they are administered.

## **Methodology**

Qualitative research is commonly seen in social sciences such as anthropology and sociology (Ritchie, Lewis, Nicholls, & Ormston, 2013). Qualitative research is conducted with an assumption that there are multiple realities, understanding is found after interaction between researchers and the unknown, and research participants are studied in their natural surroundings (Yilmaz, 2013). Qualitative research was used to research other cultures through ethnographic methods (Ritchie et al., 213). As qualitative research became more widespread, there was some pushback because of perceived shortcomings in the methodology and validity of such studies due to concerns about objectivity and the influence of race, class, and gender (Ritchie et al., 2013). Over time though, qualitative research has demonstrated its validity through validity strategies; Creswell (2014) labeled those strategies as triangulation, member checking, thick description, bias, negative or discrepant information, prolonged time, peer debriefing, and using an external auditor. Houghton, Casey, Shaw, and Murphy (2013) agreed with Creswell's (2014) strategies for validity and were able to describe similar operations within each strategy.

Triangulation refers to the use of information from multiple sources. In this process, the researcher brings the source data together and examines the data to compare the results. If those results are similar, then it can be said that the information gathered is valid (Creswell, 2014; Fusch & Ness, 2015). There are four ways to triangulate data for qualitative research: correlating for people, time, and space; involving multiple

researchers in a study, using multiple theories in the analysis, and using multiple methods (Denzin, 2009; Fusch & Ness, 2015).

Member checking is the process of bringing the results, or data, back to the study participants and allowing them to inform researchers whether they feel that the results, or data, are accurate (Creswell, 2014; Houghton et al., 2013). While both Creswell (2014) and Houghton et al. (2013) agreed on the general concept of member checking, they disagreed on when the actual contact with participants occurs. Creswell (2014) believed in showing participants completed and analyzed data for accuracy while Houghton et al. (2013) believed in bringing raw data collected from the participant to ensure that their contribution is deemed accurate, Houghton et al. (2013) believed that completed data would take away individualized input and make it harder for participants to agree to accuracy. Reilly (2013) would agree with Houghton et al. (2013) in that providing clients with analyzed data makes it difficult for the participant to see their contributions. Analyzed data made member checking more difficult among the validity check options. Reilly (2013) also states that participant may merely not have an interest in verifying information or may take too long to return their feedback.

Creswell (2014) defined thick description as the process of providing the reader a detailed explanation of all pertinent information, including the setting, so that the reader will feel transported to the experience. Thick description allows the data to be more realistic for a reader. Houghton et al. (2013) said providing a thick description also allow readers to determine if the results are transferable to their specific context.

Bias is the influence of a researcher's background, gender, culture, and socioeconomic status (Creswell, 2014). Bias is a significant concern for researchers conducting qualitative research (Chenail, 2011). Bias does not only come from the background, gender, culture, and socioeconomic status of the researcher, but can also come from the researcher's level of comfort using an instrumentation tool, experience in real-world research, or even discussing specific topics (Chenail, 2011). Furthermore, bias can be a result of a researcher's lack of preparation or knowledge regarding the real-world process of collecting and interrupting data (Chenail, 2011). Chenail (2011) stated that the researchers themselves are one of the most substantial threats to a study's validity while using qualitative approaches. This bias should be acknowledged early on to ensure that the study's reader is aware of what biases may exist and what biases may influence interpretations of the event (Creswell, 2014). Readers can then make their determination regarding objectivity once any bias is discussed and made apparent (Ritchie et al., 2013). It is important to note and understand that the bias of a researcher and participant will always be present either deliberately or inadvertently.

Creswell (2014) described negative or discrepant information as a willing discussion of information that may counter some of the commonalities in the data. This willingness to discuss contradicting data adds to reliability because the researcher is willing to share all information and provide a more realistic view of the event. Additionally, the discrepant information can be considered atypical and allow researchers to more closely examine the discrepant information to gather new insight (Erickson,

2012). Discrepant information can provide researchers with limitations to their study (Barbour & Barbour, 2003).

Spending prolonged time within the study area can also lead to increased validity of qualitative studies (Creswell, 2014; Creswell & Miller, 2000). This extended time with the participants from the study allows a researcher to gain more information that may be relayed in an interview. This repetitive observation of participants can also show researchers what is best to pursue data collection and who will be able to assist in granting access to more possible participants (Creswell & Miller, 2007). This type of validity is commonly associated with ethnographic work where researchers can spend as much as one year observing and gathering data.

Peer debriefing is the process of allowing a peer who knows the field of study and the specific study being conducted, to review data collected and challenge reported assumptions (Creswell, 2014; Creswell & Miller, 2007; Houghton et al., 2013; Ritchie et al., 2013). Houghton et al. (2013) recommended that researchers exercise caution when using the peer review process because not all peers will interpret data the same. Peer review should be used to refine the process, challenge the researcher, and ensure that the researcher is not missing glaring observations. If the peer review arrives at the same conclusions after reading the data, the peer review is not working as intended and one should seek other forms of validity strategies (Houghton et al., 2013).

External auditors are peers who are not familiar with the specific study (Creswell, 2014; Creswell & Miller, 2007; Ritchie et al., 2013). Houghton et al. (2013) stated that even though an auditor may not be familiar with the research or topic, they should be able



to understand the methodology and how a researcher could make the conclusions that they did. This audit process can now be done by computer software. Houghton et al. (2013) discussed NVivo software and its ability to show the researcher trends and help to guard against the overemphasizing of atypical data.

### **Phenomenology Method**

**The origins of phenomenology.** The phenomenological design of qualitative research is used to study the lived experience of the participants. The father of phenomenology is Edmund Husserl, a German philosopher and mathematician (Byrne, 2001). Husserl's approach to phenomenology was a descriptive process using bracketing, a process of identifying what one knows about an event and using that to examine human behavior. Later, Husserl's original philosophy was redefined by his student, Martin Heidegger (Byrne, 2001; Dahlberg, 2006). Heidegger believed that the reliance on the descriptive bracketing process was not sufficient to study human experience (Byrne, 2001; Dahlberg, 2006). Heidegger believed that the only way to explore human experience was to understand the lived experience through the interpretation of that experience. The interpretation of a single, or collective, life experience is studied (Byrne, 2001). This approach is regarded as an interpretive approach (Dahlberg, 2006). Husserl believed in the study of knowledge while Heidegger believed in the study of being (Reiners, 2012).

Heidegger believed that the interpretations of those experiences were far more valuable than the description of those experiences (Kafle, 2013). This phenomenology approach is based on an idea that it is impossible to remove the emotion and analyze the

human experience from a purely descriptive perspective, and that interpretation of the individual is the only way to understand the human experience (Kafle, 2013; Wojnar & Swanson, 2007). This practice of phenomenology is termed Hermeneutic Phenomenology or Interpretive Phenomenology.

Heidegger also came to understand that a lived experience was affected dramatically by an individual's place in the world (Wojnar & Swanson, 2007). Lived experiences do not happen in a vacuum, so the social context of an event is a dominant driving force for the interpretation of that event by both an individual and a researcher. The lived experience not occurring in a vacuum is referred to by Heidegger as *dasein*, German for the human way of being in the world (Wojnar & Swanson, 2007). Dasein is a philosophical idea described as the concept of being here and being aware of being here, here meaning alive and as a part of the world (Quay, 2016). Some may find the concept easier to understand if one thinks of dasein as a form of situational awareness. While conducting phenomenological research, one cannot accurately interpret an event unless one considers the broader social context of the world and how that affects one's dasein (Wojnar & Swanson, 2007). The researchers themselves are included in this idea of dasein. The researchers must consider their dasein for an accurate interpretation and how they understand it (Wojnar & Swanson, 2007).

**The application of the phenomenological approach.** This phenomenological study is grounded in the integrated theory of sexual offender treatment. The integrated theory of sexual offender treatment is a multi-factor theory related to sexual offending that focuses on biological, social, and psychological effects on the offender (Marshall &

Barbaree, 1990; Thakker & Ward, 2012). These factors are things that affect offenders over the course of their lives that can have a dramatic effect on their personality, thinking, and beliefs (Marshall & Barbaree, 1990; Thakker & Ward, 2012). This study into the attitudes, perspectives, and opinions of staff working in the mandatory civil commitment for SVPs throughout the United States will ask interview questions rooted in these factors for sexual offending and how the sex offender professionals believe it influences the treatment process. Additionally, sex offender professionals will be asked about whether these factors are shared among the offender population that the staff serves.

When conducting phenomenological research, one must be both analytical and descriptive. To utilize these concepts, researchers have developed theories of inquiry to assist their efforts. These methods are referred to as paradigms of inquiry. These paradigms define what a researcher is concerned with and subsequently what data is considered valuable (Guba & Lincoln, 1994). Employing the three questions posited by Guba & Lincoln (1994) to determine which phenomenological approach to use, this research will utilize a constructivist inquiry approach to research.

Constructivist inquiry, sometimes called naturalistic inquiry or interpretivist thinking, is a paradigm that helps researchers understand the complex connections in culture, symbolic representation, and meaning. Guba & Lincoln (1994) labeled constructivist inquiry as relativism and specific to local realities. Morrow (2005) and Healy and Perry (2000) agreed with Guba and Lincoln (1994) in their description of constructivist inquiry. Morrow (2005), Healy and Perry (2000), and Guba and Lincoln

(1994) described constructivists' belief truth being a result of perspective. Each person's truth can be different. Truth is relative. There are no ultimate truths. Truth is a perspective-bound narrative, created by one's perspective of their story realities (Healy & Perry, 2000; Morrow, 2005). The term constructivist is used because individuals construct their realities. For this current research, the project is attempting to construct a universal reality for sex offender professionals working within the mandatory SVP program throughout the United States in each of their own programs.

The current project is a qualitative study. The research will be conducted using a phenomenological approach based on a constructivist paradigm. This phenomenological research will rely on interviews and coding the data gathered to determine if themes exist, and if themes do exist, conclude the phenomenon being studied (Byrne, 2013).

### **Participant Selection Logic**

Imperative to qualitative research is sampling. Sampling is the process of choosing participants (Robinson, 2014). In general, there are two types of sampling; probability and nonprobability sampling (Ritchie et al., 2013). Qualitative research uses nonprobability sampling in their studies. Nonprobability sampling is used because qualitative research examines specific events or population groups and is not looking to apply their results to a greater population. The sample population is not a representation of the greater population. In this study, one is looking at a specific group of personal and not trying to apply the findings to additional clinicians, legal representatives, or administrators in other programs.

Non-probability sampling is also called purposive sampling. Purposive sampling seeks to include specific participants in a study (Ritchie et al., 2013). Specifics used in determining which participants are needed for a study may include characteristics such as race, gender, socioeconomic standing, or age. Furthermore, the study may require other types of specifics such as mental health issues, behaviors, or even specific roles within an environment. Within purposive sampling, there is a sub-group referred to as homogeneous samples (Ritchie et al., 2013). This type of sample is chosen to examine a specific phenomenon and allows researchers to examine phenomenon through those directly affected by it (Patton, 2014; Ritchie et al., 2013). Many studies attempt to avoid high levels of homogeneity because there is a desire to generalize results to a more extensive population (Robinson, 2014). To answer this study's research question, the sample population needs to have a high level of homogeneity.

In this study, a form of purposeful sampling known as snowball sampling strategy will be utilized. Snowball sampling is a technique in which participants assist researchers in identifying additional potential subjects (Avci & Pekince, 2018; Naderifar et al., 2017). Snowball sampling is often used when researchers find it difficult to find participants with specific knowledge in a specific field. For this study, the difficulty in finding qualified participants has led to the use of snowball sampling. This sampling technique, sometimes referred to as the Chain Method, is an efficient way to identify additional research participants that would have previously been unknown (Naderifar et al., 2017). The continued process of participants providing additional potential subjects is akin to a snowball rolling down hill, hence the term Snowball Sampling.

In this study, the groups of possible participants are the sex offender professionals working within the state programs. These sex offender professionals include administrative and clinical staffs who have worked within, or with, programs for SVPs throughout the United States. Additional participants that can be included in this study are members of law enforcement and court officials who are intimately involved in this program. To identify possible participants, this study will include inclusion and exclusion criteria (Robinson, 2014). To be included in the participant pool, an individual must work with SVP programs. These individuals may work in the facility either as an administrative person or as a clinician. These individuals may also work as law enforcement in the facility dealing with the mandatory SVP committed population. Finally, court official who oversee the mandatory SVP process would be included in this study. Court officials may include attorneys or judges.

Those who do not wish to participate will be excluded. Additional exclusion criteria include being an SVP offender, sex offender professionals who work at the facility but do not work directly with the mandatory SVP commitment program, and court officials who only have theoretical knowledge about the program but not real-world experience with the program. Also excluded from this study would be administrative staff that do not work with SVP programs. Participants will not be included or excluded based upon physical characteristics such as race or gender, or another physical characteristic. The homogeneity of the sample will be based on the shared experience of working within the mandatory SVP commitment programs throughout the United States.

## **Sample Size**

Just as crucial to population selection is the population size. The population size must be large enough to produce sufficient data to understand the phenomenon (Ritchie et al., 2013). If a researcher were to interview one person out of one hundred, there would be many perspectives of that experience that would not be able to include in the interpretation. Typically, in qualitative research, the overall number of participants tends to be small (Ritchie et al., 2013). The number tends to be small because at some point data saturation occurs (Creswell, 2014). Data saturation is the concept where a researcher has reached the maximum amount of new data, and the continued collecting of additional data no longer produces new insights (Creswell, 2014; O'reilly & Parker, 2013; Ritchie et al., 2013).

The sample size is often criticized in qualitative studies (Fusch & Ness, 2015; O'reilly & Parker, 2013). As an attempt to counter this argument, researchers have looked to data saturation to dispel concerns (Creswell, 2014; O'reilly & Parker, 2013). Data saturation is different for all studies and study types. It makes sense that if a researcher is conducting a small study, such as this project, the data saturation will happen with a lower total than a study that was attempting to examine the nationwide issue of SVP mandatory civil commitment. Guest, Bunce, & Johnson (2006) completed an experimental study to try to determine the saturation level of interviews-based studies. Guest et al. (2006) completed 120 interviews and coded the data. They found that after analyzing the data, data saturation was achieved after completing twelve interviews, there were no new themes or ideas discovered with additional interviews. Guest et al. (2006)

stated that there were some small variants in themes during the later interviews, but those themes were merely offshoots of previous themes and nothing new, nor situation changing themes. Guest et al. (2006) labeled the data saturation of interview-based studies at twelve interviews.

Hennink, Kaiser, & Marconi (2017) conducted a study to attempt to add to the knowledge of data saturation in interview-based studies. The Hennink et al. (2017) study looked at twenty-five in-depth interviews and found that code saturation occurred after completing nine interviews. Hennink et al. (2017) determined that code saturation was achieved when researchers completed nine interviews. To gain meaning saturation, there were between sixteen and twenty-four interviews needed. Hennink et al. (2017) concluded that depending upon the scope of the study and the specific research question; researchers would need to identify which type of saturation they are aiming to achieve.

Malterud, Siersma, and Guassora (2016) took a different approach to data saturation. Malterud et al. (2016) equated data saturation with information power. Malterud et al. (2016) coined the term information power. Malterud et al. (2016) defined the concept of information power as the idea that the more information a group of participants' holds, the lower the number of participants or interviews needed. Malterud et al. (2016) stated that information power of a study is based on five areas; a studies purpose, sample specificity, whether an established theory is being used, the quality of the dialogue, and an appropriate data analysis strategy. Malterud et al. (2016) did not provide a calculation or formula to determine what the specific sample size should be.



The lack of a definitive formula to determine sample size is a primary negative aspect of the information power idea.

This current study has been narrowly focused. It is focused on a small subset of mental health providers, as well as administrative and legal staff. This narrow focus leads to a small sample size needed. This study is interviewing experienced subjects that have direct knowledge and experience in the subject matter and program. This current study is framed in the integrated theory of sexual offender treatment (Marshall & Barbaree, 1990). Finally, the data was analyzed with the assistance of NVivo software, a software program that assists researchers in coding data in qualitative research. This current research would show a high level of information power, resulting in a small number of participants. This research is designed to look to at identifying issues concerning attitudes, perspectives, and opinions in this current study that means that the study will need to reach meaning saturation. For this study, data saturation should occur between sixteen to 24 interviews. In this study, the researcher conducted between sixteen and 24 interviews.

### **Instrumentation**

In research, there are many data-gathering instruments. Instruments include procedures such as histories, archival data, surveys, interviews, case studies, and experiments (Creswell & Poth, 2017). Which instrument is used is based upon the purpose of the study, research question, and the methodology being used? One instrument is not inherently better than another may; however, there may be a more appropriate instrument (Creswell & Poth, 2017; Ritchie et al., 2013). For this purposed study, the

information being gathered can only come from the participants who have their own experiences within the mandatory civil commitment SVP program throughout the United States. The best method to obtain such data is through interviewing participants.

Interviews should be conducted with the specific research topic and question in mind, not conducted from a generic questionnaire (Chenail, 2011). Questions in these studies need to be open-ended so that the interviewee can speak freely of their experience. Closed-ended questions are specific and limit responses. This study used open-ended questions so participants can discuss what they feel is essential and needed. Open ended questions will help to identify new themes and areas of interest associated with the topic. These interviews will be conducted in face-to-face settings or through electronic mediums as necessary. Electronic communications may occur through video chat or by a phone call. Interviews will be recorded for accuracy. Recording the interviews will also allow for continual review of interviews to ensure that all pertinent data was collected and categorized. Questions asked during interviews are derived from the literature review. Interview questions will cover topics such as intake and assessment, questions of legality, and clinical treatment processes. Specific interview questions to be used in this study are found in Appendix A.

### **Procedures for Recruitment, Participation, and Data Collection**

Due to the narrow nature of this study, participant recruitment will focus on the purpose sampling discussed previously. Recruitment of participants will be in accordance with sampling size, also discussed previously. An email mailing list of possible research participants has been provided by a forensic professional consulting with this researcher

in this project, Dr. Barbara Schwartz. Dr. Schwartz has contacted sex offender programs and practitioners throughout the United States. The researcher conducting this research will follow up these individuals to schedule and conduct independent interviews. This study will not include interviews with offenders or adolescents. Interviews will occur when the participant's schedules allow; there is no planned mass interview time, nor planned group interviews.

Each participant will be asked to participate in a one-on-one interview to discuss their attitudes, perspectives, and opinions related to the mandatory civil commitment programs for SVPs. The participants will be volunteers and not mandated to participate. Participants will sign an informed consent form that will discuss confidentiality as well as the application and distribution of gathered data. These interviews are confidential. No participant will be identified in data analysis or as a part of later written work. This confidentiality is to ensure that participants can speak their minds without concern for reprisals from supervisors or other authorities. Secondary interviews can be scheduled if needed, or if a participant requests time to provide further information.

Informed consent is an ethical practice that gives research participants a clear understanding of the research. Informed consent will be obtained from each participant in a study; it helps to ensure ethical guidelines (Flick, 2014). The person signing the informed consent form must be competent. A proper informed consent form must cover the volunteer nature of participation, goals of the study, methods being used to obtain and analyze data, confidentiality, audiences, how the research will be used, contact information for researchers, who is funding the research, and how much time the research

will take (Erickson, 2012; Flick 2014; Ritchie et al., 2013). A copy of the informed consent form for this study is found in Appendix B.

When working with participants, it is common for there to be a completion plan or debriefing. At the completion of the interview, the interviewer will review what was discussed and share with the participant the major talking points of the interview. The debriefing process will allow the participant to correct any misconceptions immediately. This review process is not an in-depth process and will be conducted without extensive review of the transcript. However, because of the immediacy of the review, participants will be able to address any immediate concerns without the opportunity for forgotten statements or misunderstood context.

Additionally, once the interview is transcribed and analyzed, a final analysis will be sent to participants for their review. The completed analysis can be reviewed in person or through electronic means such as fax, phone, or email. This opportunity for review will allow participants to comment or clarify assertions made during the data analysis process concerning their interviews. Participants will only be provided a written description of their interview to review. This process is referred to as member checking and helps to ensure creditability of a study (Anney, 2014; Shenton, 2004).

### **Data Analysis Plan**

Data analysis is the way in which researchers categorize their data to understand what was collected. Data analysis is done differently depending upon the methodology used. In studies that are qualitatively designed, data analysis will be conducted in adherence to nature of the design: grounded theory, case study, narrative, or

phenomenological designs. In phenomenological studies, it is recommended to use bracketing and then coding of statements that relate to meanings, themes, and descriptions from participants (Creswell et al., 2007). Bracketing is the practice of setting aside one's own beliefs on the research topic so that the researcher's beliefs do not affect data analysis (Chan, Fung, & Chien, 2013). Wojnar and Swanson (2007) described bracketing as an attempt to achieve "transcendental subjectivity" (pg., 175). Bracketing helps to demonstrate validity in data collection and analysis for researchers using descriptive phenomenological designs. Coding is the process of identifying common topics, ideas, themes (Creswell et al., 2007).

Coding, in general, can be broken into several types (Priest, Roberts, & Woods, 2002). For researchers using phenomenology, coding can be done using Content Analysis (Priest et al., 2002). Content analysis is described as the process of repeated analysis looking for commonalities (Priest et al., 2002). This form of coding is particularly prevalent among exploratory studies, such as this current study. Content analysis allows researchers to align data with interview questions, as well as discovered themes (Priest et al., 2002). This content analysis approach is commonly associated with computer-based analysis software, which will be discussed later.

Priest et al. (2002) described four distinct designs to phenomenological data analysis. The first design was created by Van Kaam in 1969 (Priest et al., 2002). The second design was created by Colaizzi in 1978 (Priest et al., 2002). The next design was created by Moustakas in 1994, which is a modification of what was created in 1969 by

Van Kaam (Priest et al., 2002). The final design to be discussed is the process designed by Hycner in 1985 (Priest et al., 2002).

Each of these phenomenological data analysis designs has their strengths, weaknesses, and proper applications. The Hycner design is not in alignment with Hermeneutic structure that this project has adopted, and thus would not be appropriate; Hermeneutic design requires that the researcher not set aside their own beliefs because they are a part of what is being studied. The Van Kaam and Moustakas designs could be used for this project. Their processes would be able to identify and assist in identifying themes. However, the goal of this project is not to create theories about a phenomenon, but instead, to understand the lived experience on an individual level. The Colaizzi design is more applicable to the individual experience and does not ask for the creation of a theory, just identification of themes. For this project, the appropriate design is the Colaizzi design.

The Colaizzi design was created in 1978 (Priest et al., 2002). This process starts by extracting key phrases that relate directly to the experience. Second, researchers translate those phrases into their own words and then identify a meaning. Third, researchers categorize these meanings or themes. Fourth, researchers create a hypothesis based on the themes identified. Fifth, relate additional statements made by participants to the themes designated by researchers. Sixth, describe the phenomenon about the themes discovered. Finally, provide participants with the results of this process and incorporate their input.

Once a researcher has chosen the best overall design for their phenomenological data analysis, in this case the Colaizzi design, researchers need to choose from whether a descriptive approach or an interpretive approach is more appropriate. The descriptive approach emphasizes a universality of an experience (Wojnar & Swanson, 2007). The interpretive approach empathizes an event in its context; a person is the only representative of their experience; people share their culture and languages, not their consciousness; researchers are part of what they study, criteria for trustworthiness must be established by researchers, and an understanding between researcher and participant makes the interpretations significant (Wojnar & Swanson, 2007).

Wojnar & Swanson (2007) discussed a seven-step process for qualitative data analysis using a descriptive approach. This seven-step process was first introduced by Colaizzi (1978). In the first step, researchers must read and reread the event's descriptions to make sense of what was collected. In the second step, researchers identify specific accounts that reveal information directly about the event being studied. Thirdly, researchers develop meanings for the statements identified; these meanings should unearth some aspect of the event. In the fourth step, researchers categorize themes from the data. In the fifth step, researchers describe any theories derived from the categorization of data. In the sixth step, researchers return the discovered meaning and themes to the participants to validate the findings. Finally, in the seventh step, researchers include any changes made by the participant reviews. Wojnar and Swanson (2007) also included in their work a discussion of a seven-step process for qualitative data analysis for those using an interpretive approach. Wojnar and Swanson (2007) recommended it to

be done by a team of researchers. This process was also agreed on by other researchers Dieklemann, Allen, and Tanner (1989). Step one is to read the interviews to gain an understanding of what was collected. Step two is to summarize and code each theme. Step three, review transcripts as a group to identify, or clarify additional themes. Step four ask participants to review found themes to identify which themes are accurate. Step five; compare data sets to identify commonalities. Step six; identify any patterns that can link multiple themes. Step seven review final findings with the research team.

For this current project, the Colaizzi design of phenomenological data analysis by using an interpretive or Hermeneutic approach. Additionally, the content analysis coding process will be used. While much of the research states that working in research teams is most beneficial when conducting phenomenological research, there is only a sole researcher in this study. Even though there is only one researcher in this study, vital resources are being used during data analysis that can act in this role. Those resources include dissertation committee members, editing resources, university reviewers, and computer-based analyses software.

The computer-based analysis software is called NVivo. NVivo is coding software designed by QRS International. NVivo coding software was designed to help qualitative researchers analyze their data. NVivo helps researchers to organize, analyze, and code the collected data. The software allows for preset codes; program identified grouping, and open codes. Open coding allows for a grouping of data that does not fit into pre-constructed categories so that it too can be coded, and themes identified. Open coding is used commonly in content analysis approaches (Priest et al., 2002). The software allows



researchers to reanalyze the data and constructs data trees of timelines to identify and index new ideas or themes.

### **Issues of Trustworthiness**

In qualitative research, the trustworthiness of the researchers, or in this case researcher, is paramount for ensuring validity of the study. Many researchers have questioned the validity and creditability of researchers conducting qualitative research (Shenton, 2004). To ensure one's trustworthiness, Shenton (2004) stated that a researcher should adhere to Guba's four criteria for trustworthiness, created in 1981, which were derived from his four questions. Anney (2014) also discussed Guba's 1981 criteria for trustworthiness and found the criteria to be sufficient for establishing trustworthiness. Guba's four questions were as follows. How do researchers establish that their findings are genuine? How do the findings of the study apply to other events or participants? How do researchers demonstrate that their results can be replicated with the same participant pool? How do can researchers ensure that their results are not biased by opinions or their motivations?

These questions led to the forming of the four criteria. These criteria are credibility, transferability, dependability, and conformability. In 1989, Wallendorf, and Belk added a fifth question to the criteria (Anney, 2014). How do researchers know that the information provided them by participants is truthful and accurate? Within each criterion, several procedures exist that researchers use to increase trustworthiness.

## **Creditability**

Creditability is defined as a way to establish whether a study's results are reasonably drawn from collected data, and findings are correctly interpreted from the participant statements (Anney, 2014). How does one establish creditability? Anney (2014) provided strategies for building creditability. Strategies include experience in the field, sampling approach, field journals, triangulation, member checking, peer examination, interview technique, and establishing authority and structure. Shenton (2014) added strategies to Anney (2014). Those strategies are expansive literature review, descriptions of the phenomenon, negative case analysis, and interview questions to reveal falsehoods. Each of these strategies can help to ensure creditability and can be used together to build higher levels of creditability.

In this study, three of strategies to establish creditability will be used. The first strategy is triangulation, or the overlapping method (Morse, 2015). This strategy consists of using multiple data collection and data analysis methods during a study. These methods include varying data collection methodologies, multiple investigators, or multiple theoretical frameworks (Anney, 2014; Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Shenton, 2004). Multiple collection strategies will be used in this study; strategies include literature reviews to develop topics for discussion questions as well as use interviews to collect participant data. Also, this study used member checking (Anney, 2014; Shenton, 2004). In this process, participants review analyzed data to help eliminate misconceptions by clarifying statements and meanings. Finally, peer debriefing will be used in this study. This strategy utilizes peers and colleagues to

review work. This review helps researchers remove bias, solidify research questions, and address differences in the analysis (Anney, 2014; Shenton, 2004). Peers will include dissertation committee members, university editors, NVivo, University Review Board, and the Institutional Review Board.

### **Transferability**

Transferability, also known as external validity, is the ability for the study findings can be applied in other situations (Anney, 2014, Shenton, 2004). To some, this idea may be troubling on its face because of the specificity of the study. However, Cope (2014) states that qualitative research is transferable if the findings have meaning to those not involved in the study, and if those who read the study can relate their situations with the study findings. Not all qualitative data though is transferable. When qualitative studies are not transferable, it is because they are not intended to be so, they focus on such a specific phenomenon that application of results would not apply to any other situation.

Measures for transferability include thick descriptions and purposive sampling (Anney, 2014). The data analysis in this study includes detailed descriptions. The research methods have been defined in previous sections for one's review. This work may be transferable to those conducting similar studies in other locations. While the specific details about specific state programs may not transferable, themes and discussion topics may apply to similar future studies. In this current project, I used both thorough descriptions and purposive sampling, as recommended by Anney (2014).

**Dependability**

Dependability refers to reliability, and it is sometimes called consistency of data (Anney, 2014; Cope, 2014; Shenton, 2004). Reliability is associated with consistency because if the study were to be re-conducted with the same methods, context, and participants the results would be similar (Anney, 2014; Cope, 2014; Shenton, 2004). Measures to determine dependability is an audit trial, stepwise replication, code agreement, and peer review (Anney, 2014). Shenton (2004) notes dependability can sometimes be problematic for qualitative researchers, but high creditability is associated with high dependability. In other words, if the researcher and the methods are credible, then the study should be dependable. In this project, the uses of triangulation, member checking, and peer review are establishing both creditability and dependability.

**Conformability**

Conformability is commonly associated with the ability to confirm results or to corroborate results (Anney, 2014). Conformability is often linked to the idea of objectivity in quantitative studies (Shenton, 2004). The results of qualitative studies need to be derived from participant experiences, not from the researcher's viewpoints. Strategies to ensure conformability include reflexive practice, audit trial, and triangulation (Anney, 2014). In addition to those strategies, Cope (2014) and Shenton, (2004) would include detailed descriptions and even direct quotes from participant interviews. This current project will include in-depth descriptions of interviews, including information on how themes are derived. Furthermore, this study will utilize triangulation

of data collection and analysis. As recommended by Cope (2014), a direct quotation will be used where appropriate.

### **Ethical Considerations**

Ethical considerations are crucial to conducting research. Ethical considerations were created so that the participants are protected from harm and so that they understand what they agree too (Flick, 2014). Standards of ethics or Codes of Ethics were created throughout different areas of research to protect participants from specific harms. Ethics can vary from one profession to another, as well as from country to a country (Flick, 2104). Ethics are subjective and open to change as public opinions and concerns change. Flick (2014) described an ethical theory as having four main issues: non-maleficence, beneficence, self-determination, and justice. Non-maleficence means that the researchers should avoid harming any study subjects. Beneficence is that research should attempt to produce some beneficial knowledge or process for all people. Self-determination is the respecting of participant's values and decisions. Justice means that all people are treated equally. One other important aspect of ethical codes is that participation is voluntary.

Part of conducting ethical work is having a substantial informed consent process and documentation. What is included in an informed consent document was discussed in detail previously. Essential topics to include in an informed consent document are voluntary participation, study goals, data collection and analysis methods, confidentiality, audiences for the study, how findings will be used, researcher's contact information, project's funding source, and time needed for the research (Erickson, 2012; Flick 2014; Ritchie et al, 2013).

Equally important is the approval of research sites and research institutions.

Walden University's Institution Review Board approved this project; approval number is 03-30-18-0450149. This approval can be found in Appendix B. To ensure confidentiality, no participants will be named nor have any identifying information revealed in written materials. Additionally, no identifying information will be used in coding or raw data. Participants will be assigned a non-identifiable designation, code. The list of codes, and to whom they apply, will be kept separate from the raw data to ensure that others do not see them. List of codes will not be housed in an electronic format to ensure that the participant's identities cannot be pilfered through electronic hacking. Designation for clinical staff will start with the identifier CS and include a random number assignment. For those participants who are part of administration staff, code identifiers will begin AS and include a random number assignment. For legal professionals, their code identifiers will begin with LS and include a random number assignment. I will be the only one who has access to the identities of participants.

Participants who wish to withdraw from the study are welcome to do so at any time, including during the interview. If data has been gathered, it will be included in the analysis. The participant's identity will still be kept confidential. If a participant should withdraw from the study, that participant will not be identified in the study write up. Participants will not be compensated for their participation.

### **Summary**

In this chapter, there have been detailed descriptions of how this study will be conducted. I discussed the overall concept of qualitative research and why it this is the

appropriate methodology for this study. This chapter described the forms of qualitative research and explained the reasoning for this study adhering to the principles of phenomenological research. This chapter discussed the philosophies of phenomenological research and the reasoning for deciding on the use of hermeneutic principles for conducting research. This chapter also discussed why the specific hermeneutic philosophy was chosen. In this chapter, the use of the constructivist approach to hermeneutic phenomenology was discussed as well as the reasoning for its use. In this chapter, sampling design was detailed as well as the sample size needed in the study. This chapter discussed the notion of trustworthiness in qualitative studies and addressed concerns of creditability, transferability, dependability, and conformability. This chapter finally discussed ethical considerations, concerns, and procedures to ensure ethical behavior.

The methodology in this study has been thoroughly explained and provided reasoning for decisions made by the researcher. Chapter 4 will include the data collected from interviews. It will also include the data analysis of the interview data. In Chapter 5, the findings will be discussed as well as how these findings may have an impact and effect social change. Additionally, in Chapter 5, I will discuss any recommendations for future research as well as the limitations of this current study.

## Chapter 4: Results

### **Introduction**

The purpose of this qualitative research was to understand professionals working with sexual offenders' experiences that have informed their attitudes, perspectives, and opinions about mandatory civil commitment programs for SVPs throughout the United States. I used a phenomenological research model for this study. I formulated one research question to understand the attitudes, perspectives, and opinions of professionals in sex offender programs about mandatory civil commitment programs for sex offenders. In Chapter 3, I presented the rationale behind my research design and the rationale for ruling out other possible research methods and designs. I discussed specific methods for participant selection, sampling strategies, protection of participants, and data collection and analysis strategies. In Chapter 4, I will discuss research methodology, as well as present and explain the findings of this study. The question that guided this study was:

RQ: What are the perspectives, attitudes, and opinions of sex offender professionals concerning the overall treatment process in mandatory civil commitment programs for SVPs?

To answer this question, I spoke with practitioners working in these programs as well as legal professionals working in the field.

### **Research Setting**

After receiving approval from Walden University's Institutional Review Board (IRB) on May 27, 2020, approval number 03-30-18-0450149, I began reaching out to various practitioners throughout the country using contacts provided by Schwartz and by



using snowball sampling. This original list contained professionals from all 50 states, as well as federal programs. Interviews were conducted via telephone and were scheduled when both researcher and participant could meet. Some possible participants were unable to find agreeable times for interviews with the researcher and therefore were not included in the study. For those participants who agreed to participate, all were forthcoming, open, and well versed in the subject matter. This process occurred quicker than expected; I assumed it would take approximately 1 month to obtain participants, but all interviews in this study were completed in 3 weeks. For those who agreed to participate and scheduled an interview, data were collected without difficulty or interference.

### **Demographics**

Of those who participated in this study, 11 (85%) were women and two (15%) were men. Eleven (85%) had worked in prison facility programs, and two (15%) had worked with the population through legal means. The experience levels of the participants varied. One participant had over 40 years of experience, while the participant with the least experience had approximately 3 years; most participants (85%) had between 5 and 12 years of experience. Of the 13 participants, four (31%) had obtained doctorate degrees, one (8%) held a juris doctorate, and eight (61%) held master's degrees.

### **Data Collection**

Of the over 100 attempted contacts, I received 13 participants willing to participate in the study. I began emailing state programs as well as those who were unaffiliated with current state programs. Many of those working in state facilities required state approval to participate. One private facility approved their director's

participation in the study if there were sufficient confidentiality protocols; after I explained the confidentiality protocols, the participant participated. I also contacted local clinicians and legal personnel to gain additional participants, some of whom were willing to be a part of the study.

An informed consent was sent to each participant along with an introduction letter. All informed consent forms were submitted to Walden University IRB as part of IRB's review. The introduction letter to the study discussed the nature of the study, the research question, purpose of the research, and what participants could expect while participating. The consent form was also sent to participants so that there were no ambiguities to the study and to ensure that participants knew their rights as a participant. No participants withdrew from the study prior to, during, or after completion of the interview process.

For the participants who were willing to participate, I scheduled interview dates via email. These interviews were conducted via phone, which was the preferred method for those who chose to participate. Rather than use Internet-based phone services, such as Skype or Zoom, participants wanted to conduct interviews while away from a computer, and they found the telephone to be an easier form of communication. The conversations were recorded via an Olympus recorder, and then I connected the recorder to my computer to download the recordings. I conducted interviews in a locked office that is soundproofed, as it is used for conducting HIPPA compliant mental health treatment.

The first interview was scheduled and conducted on June 23, 2020. The final interview was scheduled for and conducted on July 13, 2020. The longest interview

lasted 35:51 minutes, and the shortest interview only took 12:29 minutes to complete.

The average time for the 13 interviews was 24:30 minutes. Three interviews (23%) took at least 30 minutes to complete. Six interviews (46%) took 20–29 minutes to complete, and four interviews (31%) lasted less than 20 minutes. Longer interviews generally resulted from more verbose participants who added more information than needed to answer the question. Those whose interviews were shorter tended to have succinct answers that directly answered the question and provided no additional information unless asked to do so.

I took notes during each interview, which allowed me to ask additional questions and keep the interviews as narrowly focused as possible. The notes were also added in the transcription of some recordings as the recordings can sometimes be difficult to hear due to ambient noise in the background. After each interview was completed, the file was transferred from the recording device to my private laptop for safekeeping and later transcription. The interview was then, at that time, deleted from the recording device once it could be played. After completing all interviews, I used transcription software to save time but often needed to go back through each recording and fill in areas where the software could not understand what was spoken. I emailed the transcriptions to each participant when they were completed to ensure they were accurate and that there were no misunderstandings.

At that time, I asked each participant if they would like to conduct a secondary interview to discuss certain topics or ideas. No participant requested that this be completed. No outside influences impacted the scheduled interviews, and no technical

issues stopped the process. No participant was made aware of other's interviews. Some data gained during interviews were incorporated into follow-up questions regarding programs or treatment models, but the origin of this was not discussed.

### **Data Analysis**

For interview data, it is recommended for researchers to transcribe, reread the interviews to familiarize themselves with the material, conduct a selective reading to identify patterns and themes, and then read transcripts in detail (Alase, 2017; Neubauer Witkop, & Varpio, 2019; Van Manen, 2014). Each part of this process provides the researcher with more insight into the data and allows for better insight. This process was used while processing and analyzing data in this project. Analysis of collected data began when I listened to, transcribed, read, and rereading the interviews. Using this process, I analyzed data myself. After that, I used the NVivo software program designed for qualitative research data analysis to reinforce my findings and identify new areas of interest that I had not found. This combined process allowed me to categorize and identify pertinent themes and areas of commonalities and differences between interviewees.

While some data collected from participants were similar, there were also divergent experiences and opinions on many of the topics covered during the interviews. I was careful to ask all participants the same group of questions to ensure commonalities in topics and information presented. I used follow-up questions to probe further into some answers that were ambiguous or were answered with one-word responses. In areas where there were answers that diverged from the common pool of answers, I asked additional

questions to understand their opinions and experiences. Overall, there were differing opinions but also a great commonality between participants.

### **Evidence of Trustworthiness**

#### **Credibility**

Creditability is related to validity (Anney, 2014). Credibility assures a reader that the results are reasonable when compared to the collected data and results are interpreted accurately from the data. Credible studies ensure that a researcher has taken steps to account for any bias and made efforts to remove bias from influencing the results of the study, whether directly or indirectly. I have my own opinions about mandatory civil commitment programs for SVPs, but I worded the interview questions to seek the interviewee's opinions so that there would be no influence on the questions. To assist in this process, I worked with my academic advisor to ensure the questions were straightforward without underlying biases.

Standardized processes within qualitative research assist in ensuring creditability while conducting interviews and collecting data. Each participant was asked the same 18 questions. I provided the same background of the study to each participant and provided them with the same instructions regarding processes, questions, and opting out of the research. I used the audio recordings to transcribe the interviews as well as using my written notes taken during the interviews. I provided those to interviewees, so they could review them. No participant requested a second interview, but all were willing to answer any follow-up questions that arose during the study. These steps lead to credibility in this study.

**Transferability**

Transferability refers to external validity. In qualitative research, transferability refers to the idea that other researchers may be able to use the study as a basis and apply them in other situations (Anney, 2014, Shenton, 2004). This study talked to practitioners in several states, including Massachusetts, Maine, Rhode Island, Virginia, California, and South Carolina. With these participants may represent a small portion of the country, and the great variety of opinions, this study's conclusions, and results may not be transferable. However, the processes and questions would be transferable to another group of participants. These topics will be covered further in Chapter 5.

**Dependability**

Dependability when discussing qualitative research is akin to reliability; another term or reference is consistency of data (Anney, 2014; Cope, 2014; Shenton, 2004). I conducted the interviews for this study, recorded the interviews, transcribed them, and followed up with participants. No participant requested another interview, but all were willing to answer any further questions that I might have had. I conducted analysis using traditional qualitative research methods as well as used computer software to assist in identifying the themes, areas of agreement, and areas of disagreement. In Chapter 5, I will discuss how the findings related to the information found in the Literature Review found in Chapter 2.

**Conformability**

In qualitative research, conformability is thought of as objectivity (Anney, 2014). To ensure conformability, I allowed participants to review their interview transcripts for

accuracy and to ensure that there were no misunderstandings that misrepresented their opinions. I used computer software to ensure that there was objectivity in the analysis of the data and identifying themes, patterns, and disagreements between participants. The interview questions used in the interviews were standard and the same for all participants. There were times when follow up questions were needed to explore topics and gain a more complete understanding of participant's statements. However, the use of follow-up questions was kept to a minimum and used only when needed.

### **Study Results**

The purpose of this study was to ascertain the attitudes, perspectives, and opinions of professionals about the mandatory civil commitment program for SVPs throughout the United States. To learn their attitudes, perspectives, and opinions, I conducted one-on-one, semi structured, interviews with professionals across the United States. Each participant was asked the same 18 questions. The initial question regarded roles that the professionals held at their various facilities. Located in Table 1 is a breakdown of these roles. One participant was a judge, while the remaining participants held a variety of positions within these programs, many participants holding multiple roles throughout their careers in the field. To protect confidentiality, each participant was given a code, MHPI and a number for non-doctorate-level participants, and DRI with a number designation for participants holding doctorates. Additionally, the lone participant from the legal field is designated with LS1. In Table 5, each role that was presented as an option to the participants is listed. Either a yes (Y) or a no (N) were the options for each participant.

Table 1

*Roles of Participants*

Participants	Administrators	Clinicians	Clinical supervisor	Community supervisor	Expert witness	Lawyer	Judge
DRI1	N	Y	Y	N	Y	N	N
DRI2	N	Y	Y	N	Y	N	N
DRI3	N	Y	Y	Y	Y	N	N
DRI4	N	Y	Y	Y	Y	N	N
LS1	N	N	N	N	N	Y	Y
MHPI1	N	Y	Y	N	Y	N	N
MHPI2	N	Y	Y	N	N	N	N
MHPI3	N	Y	N	N	N	N	N
MHPI4	N	Y	Y	Y	N	N	N
MHPI5	N	Y	Y	Y	Y	N	N
MHPI6	N	Y	Y	Y	Y	N	N
MHPI7	N	Y	Y	N	N	N	N
MHPI8	N	Y	Y	Y	N	N	N
Totals	0	12	11	6	7	1	1

**Civil Commitment**

All participants were asked, do you think civil commitment is a good idea? This is the only question that was asked with a close-ended answer, although each participant was asked to share their reasoning after the answer. In Table 6, the answers to this question are represented. For this question, only five participants gave a definitive answer, three stating that civil commitment for SVPs was a good idea, and two stating the opposite. For those who stated that this was a good idea, supporting statements discussed the nature of high-risk sexual offenders and their dangerousness to the community. Participant MHPI8 stated that the offenders needed to “prove to, you know, treatment providers and the court that they are safe to be released to the community. I think that’s absolutely necessary.” One participant who answered yes to this question stated that the long-term nature of the program tended to make grand changes in offenders and that



grand change is a why this program is a good idea. Statements in support of civil commitment often referred to community safety as a reason to support these programs. The participants who stated that civil commitment was not a good idea-focused their answers on the offenders themselves. Participant DRI2 stated,

There's just so much abuse that goes on as far as people getting stuck in the system for years. There's not as much accountability as there should be, I just think that it's really an abuse of power by the state my opinion.

It was of note that the differing opinions between these two groups that had definite answers looked at the subject with concerns for two different areas, community, and the offender. Those who answered with both yes and no, answers varied greatly as to why they did not have a definitive answer. There was one participant who just did not know if the programs were good or bad in merit related to this person's experience. The remaining seven participants referred to different concerns about the program that affected their decisions. These remaining seven participants shared both positive and negative aspects of the program. The positive aspect that all seven discussed was that the community was kept safer by having the worst offenders remaining away from the community while being in treatment. The notion of community safety and worst of offenders were common words stated in these explanations. Another common theme that arose was that those who reoffend, especially in violent or escalating violent ways, need to have some form of treatment.

Of those negative aspects, there were common themes as well. One common theme was that there needs to be some form of time assigned to the program. The

indeterminant amount of time was a problem for the program. Another popular theme among this group was that the programs need to be fairer and focus paid to abuse within the system. Much like those who answered this question with a definitive no, the idea of having offenders stuck in these programs without a time frame and sometimes for so long that they become physically unable to offend counteracts some of the positive that they see in the program. Those who answered this question without a definitive answer spoke at length about the negative aspects of the program, but their overall opinion is that there is some good in it.

Table 2

<i>Civil Commitment</i>			
Participants	Yes	No	Needed further explanation
DRI1		X	
DRI2		X	
DRI3	X		X
DRI4	X	X	X
LS1	X	X	X
MHPI1	X		
MHPI2	X	X	X
MHPI3	X	X	X
MHPI4	X		
MHPI5	X	X	X
MHPI6	X	X	X
MHPI7	X		
MHPI8	X		
Totals	11	8	7

### **Sex Offender Program's Impact on Sexual Offenses**

Participants were asked about their thoughts regarding the impact of sex offender programs on the rate of sexual offenses in the states that have these programs. Table 7

provides a snapshot of how the participants answered. This question produced some consistency among the participants with eight (62%) stating that they believed that the programs reduced sexual offenses. One participant answered with a definitive no for this question. The reasoning shared throughout the interviews behind the definitive yes answer was that for those who had empirical knowledge, re-offense rates among sexually violent predators, and sexual offenders in general, tend to be lower than other types of crime. Some hypothesized that this is simply because these offenders were not in a place where they could re-offend. DRI1 stated that she had “100 guys complete the program, and none of them have re-offended.” DRI2 stated,

There was a small percentage who were certainly compulsory repetitive offenders, so to that end, it probably prevented them, there are two people that I would think we’re really more at risk; it prevented them from reoffending, but in general overall my association with the program in Bridgewater is that it did very little to stop the spread of sexual violence in general.

DRI2 statement is rather different than those of other participants. While DRI2 does acknowledge that having the program may have kept those offenders who will certainly re-offend off the street, the participant did not believe that the program changed the behavior of other violent offenders as a whole.

For those who answered that they did not know, they provided different reasons. MHPI6 stated that in their program, they were not permitted to conduct follow up, so it was hard to say if the program was effective in reducing risk. While others stated that they just did not have access to that data. MHPI3 stated that while she was working in the

program, few offenders were released, and so it is difficult to say if the program reduced the offenses or if they would have re-offended. MHPI8 echoed this opinion stating that they would like to think that the programs are effective, but with so few offenders being released, it is difficult to tell what level of effectiveness was achieved.

Table 3

*Impact on Sexual Offenses*

Participants	Yes	No	Do not know
DRI1	X		
DRI2		X	
DRI3			X
DRI4	X		
LS1			X
MHPI1	X		
MHPI2	X		
MHPI3			X
MHPI4	X		
MHPI5	X		
MHPI6			X
MHPI7	X		
MHPI8	X		X
Totals	8	1	5

**Identifying High-Risk Offenders**

Participants were asked to discuss their opinions concerning the ability for corrections departments to effectively identify high-risk offenders. This question had a great variety of answers due to the differences between programs and states, and how offenders are identified and referred. Table 8 provides a visual representation of answers provided by participants. Overall, seven, participants (62%) generally agreed in their

opinions that, yes, the corrections' departments do a fair job at identifying proper offenders for these programs. While there are variations in their reasoning, and caveats to specific processes, these participants believed that the proper offenders are being identified. MHPI5 stated that the "identification process at the Department of Corrections is only good at identifying predatory behavior, and it is for the state hospitals to properly assess [sic] for the program." DRI3 stated that the process had changed and who is conducting evaluations has also changed. While DRI3 points out that it is not correction's departments assigning offenders, they are doing a sufficient job at identifying their legally required crimes, violent crimes. This is in alignment with the feelings of other participants such as MHPI5. DRI3 added that the process has improved over time and part of that is due to state law changes and overall referrals decreasing.

The three participants (23%) who were unable to provide a definite answer did so for different reasons. LS1 stated that LS1 had no idea if the process of identifying offenders was effective because it was not part of the process in which LS1 came into contact. MHPI6 stated that the corrections department was not involved in any way with the identification process of offenders. MHPI8 stated that the identification of high-risk offenders was accomplished by different staff members and so MHPI8 had no direct knowledge or experience with the identification of offenders in that program. Two participants (15%) answered with a definitive no. DRI1 discussed the lack of proper training as being a barrier to proper identification, which led to different outcomes depending on the region of inquiry. DRI1 stated that "if they sent somebody's name to whatever County, they got automatically referred for some commitment. If they sent that

same one to one of the towns from as far as Boston, they never referred them for civil commitment.” DRI2 agreed with this sentiment, pointing to a lack of proper training is impeding proper selection.

Table 4

*Identifying High Risk Offenders*

Participants	Yes	No	Undetermined/do not know
DRI1		X	
DRI2		X	
DRI3	X		
DRI4	X		
LS1			X
MHPI1	X		
MHPI2	X		
MHPI3	X		
MHPI4	X		
MHPI5	X		
MHPI6			X
MHPI7	X		
MHPI8			X
Totals	8	2	3

**Risk Assessment Instruments**

Participants discussed their thoughts concerning the effectiveness of risk instruments at identifying SVPs for referral to the civil commitment programs. While conducting the literature review for this dissertation, studies have found that the risk assessment instruments utilized are only partially supported by research. Some of that research is rather critical of the basic structure of these assessments. While I could find just as many studies that supported versus those that did not, I expected the participants to

be more diverse in their opinions. Below in Table 9, one can see the breakdown of opinion on the subject. Eight participants (62%) found that the risk assessment instruments used to determine SVP's risk were effective, three participants (23%) found them to be ineffective, and two participants (15%) were unsure if the instruments were effective. Of the two unsure participants, 1 participant works in the legal field and did not work with risk assessment instruments. The other participant who was unsure stated that they had no experience working with these tools themselves and therefore, could not answer.

For those participants (62%) who answered in the affirmative, common themes presented themselves when reviewing the transcriptions and when using NVivo analysis. Those themes included "best available," "it's the best we have," and "research says they are." These statements are supportive yet at the same time indicate that there may be some issues with these instruments. Like much of the research for each instrument, there are short-comings and successes, but there is the acknowledgement of being the best of what is available for use. While DRI2 fell into the no category, DRI2 stated when DRI2 was active in the field, there were no reliable assessments and having what's available now is an improvement, "those are all new improvements, and I think they go a long way and there's nothing that's perfect of course, but they do go a long way to helping determine who's the most dangerous."

As previously mentioned, DRI2 stated that there were no effective tools at the time DRI2 was doing the assessments; therefore, DRI2 was coded as a, no for this question. Another participant who answered this question with a no stated that even those

who designed these instruments to acknowledge that they over-estimate the risk levels of those being assessed, and that is why the assessments continue to be rewritten, “they keep rewriting it, but you know; it doesn’t get better” (DRI1). MHPI6 made a distinction that no other participant made while answering this question. MHPI6 stated that “I think that our system does a very good job utilizing assessment to guide treatment” whereas “risk for dangerousness, I think that, you know, sort of harder to judge.” MHPI6 differentiated the idea of assessment for dangerousness and assessment for treatment and finds the ability to identify accurately for each of those to have wholly different levels of effectiveness.

Table 5

*Risk Assessment Instrument Effectiveness*

Participants	Yes	No	Undetermined/do not know
DRI1		X	
DRI2		X	
DRI3	X		
DRI4	X		
LS1			X
MHPI1	X		
MHPI2			X
MHPI3	X		
MHPI4	X		
MHPI5	X		
MHPI6		X	
MHPI7	X		
MHPI8	X		
Totals	8	3	2



### Useful/Necessary Role of Expert Witness

Participants were asked to share their opinions about the usefulness of expert witnesses and whether they are necessary in civil commitment hearings. In Table 10, the responses for participants can be found. This question produced a common response among those participants who had knowledge or experience with the topic. For this question, there was a near-unanimous opinion, 11 (85%) believed that having an expert witness as part of the process was useful and necessary to the process. The two participants (15%) were inexperienced with this part of the process and could provide no opinion. Common themes identified from participants for this question were centered on providing education and professional basis for those making decisions, and that it was part of a fair process. DRI1 stated, “I think if you don’t have any choice, you know, as long as this thing is handled through the court, you have to have expert witnesses on both sides.” MHPI5 stated that having an expert witness “provide during the process the education to the court about special data with information about how someone can, cannot, control their behavior.” DRI3 also made statements about the education part of being an expert witness, “Yes; they are helpful in educating jurisdictions on SVP laws.” DRI3 went on to discuss that in some smaller jurisdictions, “the DA, the PD, or the hired attorney and even the judge doesn’t even know what’s SVP.”

Table 6

#### *Role of the Expert Witness*

Participants	Yes	No	Undetermined/do not know
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DRI1	X		
DRI2	X		
DRI3	X		
DRI4	X		
LS1	X		
MHPI1	X		
MHPI2			X
MHPI3	X		
MHPI4			X
MHPI5	X		
MHPI6	X		
MHPI7	X		
MHPI8	X		
Totals	11	0	2

### **Bias**

Participants were asked to discuss their opinions about bias among professionals who testify at civil commitment hearings. This question produced a consistent opinion of the existence of bias, but how participants identified and discuss bias varied greatly. In Table 11, the question results are presented for review. No participant answered that the system was free from bias. Three participants (23%) had no direct knowledge of the topic and felt that they could not answer the question from their own lived experience. Ten participants (77%) stated that there was a bias of some sort in the expert witness testimony. DRI1 discussed the difference in ease or difficulty that expert witnesses had when working on cases. DRI1 stated that

The guys who were working for the state, um, were given all those records, and they could go in and they could look at the records at any time they could go on the ward and interview the guy, um; they never had to have appointment. If you

were testifying for the guy to make, you had to make an appointment, you had to copy, pay the dude, for the report, and your limited number of records from the record on the unit.

DRI1 links this difference in access to expert witness bias, providing the state with more information and ease of getting it. This experience was unique among those who definitively answered yes. DRI2 had a difference experience, but was just as definitive, “they tend to be biased against the offender. And I, you know; I know some [inaudible] percentage of them, but it’s a significant number of them.” DRI2 discussed the lack of knowledge about the population as a reason for the bias, finding that the less you know the more biased you are. Another participant who answered yes reported that bias existed, but those involved do the best they can to be unbiased. MHPI5 stated that there seemed to be more bias on the side of those expert witnesses hired by the offenders, or defense attorneys.

MHPI5 stated, “I think that the bias comes in when someone is hired by an attorney or someone of that nature that there is potential there for bias.” MHPI5 went on to discuss that the state evaluators have less incentive to allow bias to impact their decisions because the outcome does not impact them. While MHPI3 would agree that those hired can be biased, MHPI3 believes that those working for the state can also be biased. MHPI3 stated that the “authority side is interested in keeping the guys in because you know all this that’s going on.”

MHPI7 stated that there was bias, but it was not systematic nor was it only on one side of the discussion. MHPI6 had a different view of bias among expert witnesses.

MHPI6 stated that there have been swings in bias, where once there was a great amount of bias against offenders, but now the bias tends to be moving in the other direction, “I think currently, so, I think this has been kind of a pendulum, but currently our climate is that there’s a lean towards the release or non-commitment.” MHPI6 went on to state that the younger, less experienced expert witnesses tend to be more biased against the offender where the more experienced expert witness tended to be more biased in favor of the offender.

Table 7

*Bias in Expert Witness Testimony*

Participants	Yes	No	Unknown
DRI1	X		
DRI2	X		
DRI3	X		
DRI4	X		
LS1			X
MHPI1	X		
MHPI2			X
MHPI3	X		
MHPI4			X
MHPI5	X		
MHPI6	X		
MHPI7	X		
MHPI8	X		
Totals	10	0	3

**Prison or Treatment Center**

Participants were asked to share whether their programs were more like a prison or a treatment program. The responses for this question were consistent but there were

some cases where changes in administrations or state laws changed the feeling of the facility where these offenders were being housed and treated. One participant did not know about this topic and was unable to answer this question. Table 12 provides how the participants answered.

Answers to this question were the most direct with little explanation needed or provided. However, there were some differences between experiences. MHPI2 stated that the feeling shifted depending on what facility was being used, the maximum-security facility was a prison, and they made attempts to make it more therapeutic. While at the medium-security facility, there was a more treatment orientated feeling but still felt like a prison. MHPI4 discussed how they attempted to keep offenders separate from the general population but those who were still in an orientation phase were remaining with the general population. For those who were in the program, MHPI4 stated that the “in-house our dorm was definitely set up in a different way than the main prison was so you can you could tell they were it was a difference, you know between our dorm, and if you want through and general population cell unit.” This program has both a prison and treatment orientation depending on the place in the program. This was also discussed by MHPI5, there were different settings depending on where in the process the offender was.

Table 8

*Prison Versus Treatment Center*

Participants	Prison	Treatment Center	N/A
DRI1	X		
DRI2		X	
DRI3		X	
DRI4	X		

LS1			X
MHPI1		X	
MHPI2	X		
MHPI3	X		
MHPI4	X	X	
MHPI5	X	X	
MHPI6	X		
MHPI7	X		
MHPI8	X		
Totals	9	5	1

### **Inclusion Criteria**

Participants were asked, what do you think about the inclusion criteria for SVP programs, like possessing a mental disorder, as valid entrance requirement? Nearly all participants, 11 (85%) agreed that the current inclusion criteria were adequate. In Table 13, one can see the responses of participants. Many of these participants found that there was a willingness to adapt from the programs and states to adjust inclusion criteria. The lone dissenting opinion stated that the requirement for having a mental disorder was a problem with the inclusion criteria. MHPI1 stated that the requirement to have a diagnosed mental disorder was a change that needed to be made. Many of the offenders in these programs do not have a diagnosable mental health issue but have maladaptive behaviors that lead to poor decision making. While many of the participants who answered with the opposite response discussed the same topic, many stated that programs found ways to diagnose offenders with disorders.

Some participants voiced concerns that the inclusion criteria cast too wide a net. MHPI6 discussed this,

I don't know that it always captures those who are dangerous that I think sometimes, the, it captures those who I don't think are sexually dangerous as it relates to the research. Okay, so I'm not sure it's entirely consistent empirically, but I think compared to some other ski; it does a fairly good job of catching those it intends to catch.

DRI4 stated that the wide net that is initially used to include offenders into the process has some failsafe built in where the offenders who are less risk are removed before final commitment orders are given. This failsafe was an additional assessment by more evaluators to assist in providing the best assessment toward future dangerousness.

Table 9

*Inclusion Criteria*

Participants	Satisfactory	Unsatisfactory	N/A
DRI1	X		
DRI2	X		
DRI3	X		
DRI4	X		
LS1			X
MHPI1		X	
MHPI2	X		
MHPI3	X		
MHPI4	X		
MHPI5	X		
MHPI6	X		
MHPI7	X		
MHPI8	X		
Totals	11	1	1

## **Elements Affecting Change**

Participants were asked to discuss specific elements used in their SVP programs that produced positive changes in offenders' behavioral patterns. The only participant who were unable to provide examples of this was LS1; all other participants could provide some elements of the SVP treatment programs that could benefit the offender. These elements vary in some ways while there were similarities in others. CBT was discussed by nine participants (69%). CBT was used in some form in either group or individual based treatment programs. Twelve participants (92%) discussed the importance of group therapy models in their treatment protocols. Common reasons for the success and usage of group therapy models were linked to offenders being held accountable by other offenders and provided structured platforms for psycho-education lessons. Twelve participants (92%) agreed that using group therapy models was the most effective method for delivering treatment. Twelve participants (92%) discussed the importance of implementing impulse control treatment protocols within their structure. One participant pointed to Dialectical behavior therapy (DBT) as an important component to the treatment of impulse control. DBT, originally used to treat borderline personality disorder, is proving to be beneficial in the treatment of sex offenders. DRI3 touted this treatment protocol as "Very helpful."

Other treatments that were discussed by participants included emotional regulation, addressing deviant sexual desires, identifying and dealing with triggers, understanding boundaries, safety planning, relapse prevention, taking responsibility, strength-based programming, and the Good Lives Model (GLM). GLM has gained



momentum in many places as a treatment for sex offenders. Four participants (31%) discussed using this treatment protocol, or at least elements of it, in their programming for offenders. The treatment elements that participants found helpful for offenders vary in the details but overall follow similar philosophies. The most common elements attributed to positive outcomes, or positive changes in offender behavior, were CBT and treatments directed at impulse control, 12 participants (92%) discussed these things.

### **Elements That Were Less Affective**

Participants were asked to share elements of their SVP programs that they found to be unhelpful in changing offender's behavioral patterns. There was one participant (8%) who was unable to provide an answer to this question because of a lack of experience in treating sex offenders. One participant reported that there were no treatment models, protocols, or elements of treatment that the participant could detail as ineffective. The remaining 11 participants (85%) could provide some information regarding elements of the SVP treatment programs that were not as effective. One popular theme identified after reviewing these interviews points to a lack of staff retention, or large staff turnover. This issue led to inconsistent treatment delivery, repetitive treatment events, and varying levels of ability to provide the treatment elements proficiently.

A second theme that was found in this discussion was the lack of transitional elements in the program. In terms of transition being a part of treatment, few treatment protocols contained a transitional component for the offender. MHPI3 stated that "we didn't really have a lot of control over a lot of the guys; they would just, you know,

petition for release, get released.” Part of the problem identified is that the lack of formal release procedure, as well as a lack of specific time in program requirements for offenders, make it difficult to include release preparation into treatment. Other themes that were discussed included a lack of uniformity of treatment between programs, complicated program structures, autobiography, and individualized treatment. One final topic that was by two participants (15%) was the penile plethysmograph. This device is used to measure arousal by offenders when presented with materials. MHPI1 stated that this device was not effective at all at identifying what it was supposed to and using it was not worth the effort. MHPI5 also made similar comments regarding the procedure. Overall, there were some similar elements that participants identified but there was more diversion in this question than the question relating to positive elements. This may be due to differences in professional experience within the field, or even the difference in the periods in which the participants were actively working in the field.

### **Administration Support**

Participants were asked to share whether administration staffs’ support for clinical program and/or staff. There was significant agreement in response to this question. Eight participants (62%) answered that yes, the administration staff was supportive. One participant (8%) thought that the administration staff was not supportive, one participant (8%) did not know, and three participants (23%) stated that in some ways yes and in some ways no. Table 14 provides a participant-specific display of these responses.

One participant (8%) had no direct knowledge and could provide no insight into the question. The one participant (8%) who felt that the administration staff was not

supportive was definitive in the answer, stating that the administrative staff was at times deliberately difficult and overall unhelpful. When reviewing the responses for the eight participants (62%) who answered yes administration staff was supportive, some common themes arose. Common words used to describe the administration staff were “supportive,” “helpful,” and “very supportive.” A commonality was that the administration staffs with supportive opinions were staffs that were open to suggestions and assisted in making improvements within the program. MHPI4 stated that over time, the programs had become a well-established part of the system, and the administration staff had come around to be more supportive.

The three participants (23%) who stated that the administrative staff was sometimes supportive but also not supportive in other ways made similar comments to the “yes” group. However, those statements came with additional information. DRI2 reported that it depended on who was responsible for running the administration staff members. DRI2 stated, “when it was the Department of Mental Health and was more supportive. When it became the Department of Corrections, it was not very supportive at all and was really a barrier to the treatment.” MHPI6 made a similar statement, equating support of the administration staff to the group running it. MHPI6 stated that in the past, some administration staffs were more security-focused while others have been more inclined to support the treatment staff and program. Currently, MHPI6 reports that the administration staff is focused on security but also allows the program to run without much interference, “I’d say right now, even though the person in charge is more security focused, she is supportive of treatment, but less involved. So, it really does ultimately

depend on goes into those positions.” MHPI7 stated that the administration staff was supportive of the program as it is, but it does not support changes in programs.

Overall participant opinion believes that the administrative staffs are overall supportive of the program and the work that is done, eight participants (62%). For those participants who answered with both yes and no, their responses skewed more to an overall supportive stance, so one can assume that nearly all participants have an overall feeling of support, at some level, from their administrative staff.

Table 10

*Administration Support*

Participants	Yes	No	Yes and No	Unknown
DRI1		X		
DRI2			X	
DRI3	X			
DRI4	X			
LS1				X
MHPI1	X			
MHPI2	X			
MHPI3	X			
MHPI4	X			
MHPI5	X			
MHPI6			X	
MHPI7			X	
MHPI8	X			
Totals	8	1	3	1

**Progress Assessments for Offenders**

Participants shared their thoughts about the fairness of their program’s progress assessment. This question aimed to learn about how offenders are assessed for progress

during the program. The overall opinion of the participants stated that how programs do progress assessments for offenders is fair, six participants (46%). One participant (8%) found the progress assessment process to be unfair, four participants (31%) found the progress assessment process to be a mixture of fairness, and two participants (15%) had no direct knowledge of the process. Table 15 is provided for a review of participant responses.

The six participants (46%) who found that the progress assessments were fair discussed common themes. These themes included “annual reviews” and “annual reviews upon request.” Four participants (31%) discussed these two items. The annual reviews are scheduled yearly re-assessment of the offender in the program. MHPI4 stated

We had to do annual treatment reviews, which were a very, very, thorough way to go through all of our notes and like summarize them; talk about disciplinary report’s things like that. These would be reviewed by Our Community Access board, which was kind of like a panel of Doctors, psychologists really, and they would make a determination of whether they felt like the person was ready for release.

MHPI6 stated the same thing, although noting that due to court scheduled sometimes the evaluations can be stretched out to almost two years, but that was not regular. MHPI6 also went on to talk about how offenders could request through the court hearing, and these were not scheduled. This ability to have an evaluation at the offender’s request was a reason for fairness. MHPI8 stated that in their program, there were more than just annual reviews, each offender’s progress had a quarterly treatment planning

where changes could be made and progress noted, “everyone had a treatment outline that was reviewed quarterly and then obviously they had their annual.” It is important to note that this program also scheduled annual reviews for each offender.

One participant (8%) believed that how progress was assessed was unfair. DRI3 stated that the lack of accurate hospital records makes the process unfair. Part of this unfairness is linked to staff retention, a topic discussed earlier. The continual change in staff makes it difficult for each offender to have a complete and accurate treatment record, where they often repeat treatment’s multiple times, and in some cases, have records lost when a provider leaves the program. DRI3 also stated that the ultimate measures used were not fair due to this issue.

MHPI7 agreed with the participant who stated that progress assessments were unfair; however, MHPI7 was more forgiving. MHPI7 stated that the staff turnover impeding fairness, but it was not a universal barrier to fairness. The progress assessment process tended to be fair, but there were times where events like staff retention difficulties led to an unfair incident. This type of opinion, this ambivalence, was not isolated. There is still a significant percentage of participants who also expressed ambivalence towards the progress assessment process. Four participants (31%) found there to be a mix of fairness and unfairness. DRI1 stated that one major issue was the subjectivity of assessment. The process lacks specific measures that are measured. Part of this issue is that “in Washington where they kept two completely different sets of records, one to put to the court and one being done by the therapist.” DRI2 alluded to the idea of subjective opinions when DRI2 stated,

Clinicians working with the offenders tended to be honest and giving an honest appraisal. Then there was another level of evaluation done by the administrative branch of the program and that tended to be more punitive, more aimed at just keeping them incarcerated.

MHPI1 discussed the difference in how progress is identified depending on the residence in the program. For those offenders living in the civil commitment program, their assessment can be difficult to track because of the setting, whereas if you are treating an offender in the community, their progress is much easier to be seen. In one way, the progress assessment is fairer to those who are in the community versus those in the commitment programs.

Table 11

*Progress Assessments for Offenders*

Participants	Fair	Unfair	Mixed response	Unknown
DRI1			X	
DRI2			X	
DRI3		X		
DRI4	X			
LS1				X
MHPI1			X	
MHPI2				X
MHPI3	X			
MHPI4	X			
MHPI5	X			
MHPI6	X			
MHPI7			X	
MHPI8	X			
Totals	6	1	4	2

## **Treatment Completion**

Participants were asked to recount their experiences regarding whether states supported release petitions for offenders. Six participants (46%) found that the state is supportive of releasing offenders when they have completed the program, two participants (15%) found that the state was unsupportive of the release of offenders, three participants (24%) reported both yes and no, and two (15%) participants did not have direct knowledge and therefore, were unable to answer the question. In Table 16, there is a breakdown of individual participant opinions.

The two participants (15%) who found that the state was unsupportive of releasing the offenders both pointed to active efforts of states not wanting to release the offenders. DRI1 stated that in the ten years, DRI1 worked in one program, not a single offender was released. DRI1 stated that multiple offenders went through treatment, made progress, and when their hearings came due, DRI1 would testify on their behalf stating the decrease in risk. These offenders were never released. DRI2 had a similar experience stating that there was a significant lack of completion goals, and that allowed the completion to continually be pushed. DRI2 stated, “there were really no set goals. And so, they [sic] people were just working in limbo and never quite knew when they [sic] might be thorough.” DRI2 also spoke to the ever-changing administrations and how their changes elongated the program for the offender.

Three participants (24%) discussed a mixture of support and nonsupport from the state when it came to releasing offenders. DRI3 discussed that there have been changes over time in the opinions of supervisors and so the levels of support have changed



throughout time, “there was a time when there were actively supervisors against these guys getting out.” DRI4 made similar statements, believing that support for or against offenders, getting out was dependent on who oversaw the process at the time. MHPI8 discussed support as growing. While there was a lack of support for the offender releases when MHPI8 began at the program, times are shifting, and the state has become more agreeable to releasing individuals.

The biggest portion of participants, six (46%), found that the state is supportive of releasing offenders when they have completed the program. MHPI3 discussed how the release of the offenders would sometimes come as a surprise to them, they would have their yearly review, and then a quick decision would have them leaving the program, “I remember guys like scrambling like [sic] kind of not prepared.” MHPI5 remarked that the state was reliant on the clinical professionals to make recommendations and MHPI5 believed that those recommendations were more often than not followed, “program is based on clinicians and state hospitals making decisions based on professional judgement, so there isn’t a lot of push back.” MHPI1 stated that the state was supportive, it was the citizenry that was not supportive. MHPI1 discussed the idea of the community being involved in the program because of the nature of the crime and that the community would rather keep these offenders locked away, but the state is following the best assessment and treatment information available.

The opinions of the participants who answered with a mixed support, favor the opinion that the current state programs are supportive. Combining those opinions with those who answered that the programs are supportive of releasing offenders, and the

majority opinion is that, yes, the states are supportive, at this time, of releasing offenders when they complete treatment.

Table 12

*Treatment Completion*

Participants	Supportive	Not supportive	Mixed support	Unknown
DRI1		X		
DRI2		X		
DRI3			X	
DRI4			X	
LS1				X
MHPI1	X			
MHPI2				X
MHPI3	X			
MHPI4	X			
MHPI5	X			
MHPI6	X			
MHPI7	X			
MHPI8			X	
Totals	6	2	3	2

**Treatment Outcome Measures**

Participants were asked to share how their programs measured treatment completion. This question resulted in several different responses, but the most common response was that the participant did not know. It was expected that this question would produce a common answer. I was expecting all participants to be aware of how their programs measured treatment completion. However, six participants (45%) did not know if those statistics are tracked. One of these participants (8%) stated that they were not permitted to follow up on that data. Two (15%) participants did not know what the

statistics were, nor could provide a reasonable estimate, but they could direct me to the locations where I would be able to find those statistics should I require them.

Four participants (31%) stated that they knew that the program monitored treatment measure outcomes. MHPI1 stated that the completion rates were tracked and that some completed according to records, but that number was exceedingly small. MHPI1 did not have the statistics readily available but was unable to think of one offender during the twenty years of working in the program that was released. MHPI4 stated that in their program, numbers were for completion and recidivism were tracked as well, “reach out periodically, you know at the 5-year mark, the 10-year mark.” MHPI5 discussed that their program also monitored and kept statistics for completion and recidivism. MHPI5 was unable to provide statistics for completion but confirmed that the number is monitored.

### **Suggestions Moving Forward**

Participants were asked to share any suggestions that they may have to improve the SVP treatment, management, and community supervision. This question provided various answers, but some common themes that came to the forefront. The most common themes were transition programs, and more staff/resources made available. These themes represented 62% of all participant suggestions. Six participants (46%) discussed some form of A transition program as a suggestion moving forward. Transition programs consisted of a few different ideas on how the transition should work or be established. Four participants (31%) discussed the need for step down programs. These program ideas start with commitment and then lead down to eventual no restrictions release.

MHPI8 suggested one possible structure for a step-down process, “step down to, you know, halfway house on the [sic], you know, on the grounds or in the community, who are [sic] highly monitored whether that’s GPS.” Another suggestion that was discussed by four participants (31%), which could be associated with step-down programs, was more community-based programs. MHPI5 stated, “there needs to be transitional programs where there are more community-based programs.” MHPI6 stressed the need for community-based programs so that offenders can utilize the skills learned in treatment in a real-world setting, but still have monitoring in place. MHPI6 stressed the need for community involvement in these programs as well as the need for community support of such programs. Obtaining community support and involvement is difficult to do and that fact is acknowledged by the participants who discussed this topic, but they all agreed on the importance of such programs so that offenders remain successful in the long term.

The other most common suggestion is to hire more staff and provide more resources for the program, four participants (31%). One participant (8%) remarked that their program was eliminated due to a withdrawal of funding at the state level. The participant DRI2 advocates for more staff to treat offenders as well as for more administrative staff to assist. DRI2 and would also recommend more physical space for the program. DRI3 discussed the need for staff retention and better training. MHPI6 states that there is a need for additional staff, but also a need for more highly trained and certified staff, “more higher-level stuff in terms of psychologists and psychiatric resources.”

Another theme that was commonly discussed was establishing a specific time limit for the program. Three participants (23%) discussed this topic. MHPI5 stated, “programs should be more time base, not indefinite.” This was echoed by DRI3, “institute time limits for the program.” This notion of specific time for offenders to be in the program also includes the notion of specific treatment measures. DRI2 added that “clearly stated goals. and objectives in a way to measure the completion process of that make it time-limited.” One cannot have an indefinite program if there are clearly stated goals. If an offender meets the clearly stated goal, then there is no reason to continue to hold the offender indefinitely. This idea of continually moving the end line was discussed earlier as well. Having delineated goals avoid those issues.

There was one suggestion that was discussed by two participants (15%). The suggestion was to eliminate the program. This suggestion was supported by the same two participants who answered in the negative to the first question. It stands to reason that if one does not believe that civil commitment of SVPs is a good idea, then they would suggest doing away with the program. DRI1 stated, “I would get rid of the civil commitment. I don’t think there’s really any way that you can help.” DRI2 agreed, stating, “Do away with civil commitment have a program.”

### **Alternatives to Civil Commitment Programs**

Participants were asked to discuss alternatives to the sexual offender commitment process. This question generated a variety of answers from participants. The most common alternative provided was the use of community-based programs. Four participants (31%) discussed the idea of running programs for SVPs as community-based

programs. MHPI8 stated that due to the large number of SVPs in the program in Virginia, some community-based programming as already started, “now because it’s so overpopulated that they now have a release in the communities.” The offenders have some restrictions, akin to parolees, such as GPS monitoring and restrictions from substance use. Additionally, these offenders must attend treatment groups as part of their community-based program.

Other alternative program ideas discussed by participants included making treatment a part of the criminal sentence to be completed while incarcerated, diversion programs such as mental health court, reintegration programs before the end of sentence completion, family-based treatment program, and copying the Canadian system. Diversion programs, such as mental health court, work as alternatives to prison sentences. When an offender is found guilty, instead of being sent to a prison facility to be housed for several years, this alternative would be to sentence them to a treatment program where they would be provided long-term treatment that is not rooted in the penial system. The Canadian system is rather different than what happens in the United States. In Canada, there are no civil commitment programs. Instead, they have a series of legal classifications that determine the level of monitoring and restrictions following the completion of the criminal sentence. MHPI6 discussed the ideas of the Canadian system as an alternative because it was therapeutically focused, did not require longer incarceration, and allowed for community-based treatment that included re-integration issues.

**Return on Investment**

Participants were asked their opinions about return on the programs/state's investment. This question produced some agreement among many of the participants. One participant (8%) answered both yes and no, so the totals seen in Table 17, seen below, are higher than the number of participants. Overall, 8 (62%) participants agreed that the state have a positive return on the investment, four participants (31%) stated that the state did not have a positive return on investment, and two participants (15%) did not know if the state received a positive return on investment from these programs. For the two participants (15%) who did not know if the state received a positive return on the investment from these programs, one had no direct knowledge, and the other stated that they hoped the state got a positive return.

The one participant (8%) who stated the state did receive a positive return but also stated it did not, indicated the ambivalence was centered on offender motivation. For those offenders who were committed to the program who desired to make changes and not re-offend, the program has a positive return. For those offenders who were committed and viewed the program as a necessary step to complete and went through the motions, the state does not receive a positive return on its investment into these programs. MHPI3 compared this to those in substance use treatment programs, "this is the same in any substance abuse scenario if you're arrested for whatever and told if you do substance abuse treatment you get out faster. So, you're always working against that motivational piece."

Of the three participants (15%) that answered no to this question, two participants (15%) also answered no to questions about whether civil commitment was a good idea and suggested that the program be eliminated. This negative answer is consistent with the opinions they provided throughout the interview. If one believes the programs are a bad idea and that the programs should be eliminated, then it stands to reason the programs would have a negative return on the state's investment. For the remaining participant who answered in the negative to this question, MHPI1 stated that the civil commitment programs did not have a positive return; however, the community-based outpatient programs do.

Most participants, eight (62%), saw the programs as a positive return on the state's investment. DRI3 stated that "they are getting these offenders off the street for some time so lessening new crimes." This notion was agreed upon by other participants, where they made similar statements. MHPI6 stated that there should be more resources spent to improve the programs. MHPI8 stated that the benefits of the program outweigh the cost of having it.

Table 13

*Return on Investment*

Participants	Yes	No	Unknown
DRI1		X	
DRI2		X	
DRI3	X		
DRI4	X		
LS1			X
MHPI1		X	
MHPI2	X		
MHPI3	X	X	



MHPI4	X		
MHPI5	X		
MHPI6	X		
MHPI7			X
MHPI8	X		
Totals	8	4	2

### Summary

The questions posed in this study were focused on understanding the lived experience of professionals working within SVP programs and to understand their perspectives, attitudes, and opinions concerning the overall treatment process in mandatory civil commitment programs for SVPs. Data was collected from 13 participants who voluntarily agreed to participate in a semi structured interview utilizing open-ended questions in a one-on-one format. During the recorded interviews, encouraged by questions, participants could speak openly about their perspectives, attitudes, and opinions concerning the SVP treatment programs in which they have experience working. These participants were from various programs across various states. All interviews were recorded then transcribed. Utilizing NVivo software and detailed readings, I analyzed the transcribed interviews which produced themes that were discussed.

Using this process, I examined each question and provide commonalities and differences in the opinions presented after analyzing each participant's response. From these responses, I identified that the majority of participants have favorable views of the programs with which they worked. I was able to identify areas of needed improvement, as well as alternative suggestions for additional programming. Chapter 5 will restate the

purpose of my research. I will discuss the results of my research as it relates to the theoretical framework of the study as well as the literature review. Finally, I will make recommendations for further research along with the influence of this study for positive social change will be depicted.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this research project was to gain an understanding of the lived experiences of professionals working in SVP programs by examining their perspectives, attitudes, and opinions concerning the overall treatment process in mandatory civil commitment programs for SVPs. I interviewed 13 participants using 18 open-ended questions based on the literature review. Some questions focused on the treatments provided, other questions focused on the process and procedures within these programs, and all questions referred to the participants' experiences.

After the completion of all interviews, I analyzed the transcribed interviews for themes and common opinions held by the participants. I then used NVivo computer software to assist in identifying any additional themes, commonalities, and differences between the participant interviews. The interview data were then separated by question and the responses to each question were reviewed independent of each other. Each question produced themes, common opinions, and divergent opinions. Few questions produced large agreement among the participants whereas most questions produced mixed findings across participants. However, the individual participant's opinions were consistent throughout their interviews. If the individual participant viewed the program negatively, their opinions about specific aspects were consistent with the overall negative opinion.

The information gathered from my research concerning the perspectives, attitudes, and opinions of professionals working in SVP programs provides an understanding of the lived experiences of professionals working in SVP programs, and

this understanding may help to inform future programs or changes in current programs. In this chapter, I will discuss the results of this research and how it relates to the literature review as well as the theoretical framework for this study. I will also provide recommendations for future research on this topic. In this chapter, I will examine how my findings may have implications for social change.

### **Interpretation of Findings**

In this section, I will discuss how the results of my study align with the literature review provided in Chapter 2. Each question's data were analyzed, providing themes, common opinions, and differing opinions among participants.

### **Literature Review and Study Results**

All participants were asked, "Do you think civil commitment is a good idea?" In response to this question, three participants stated that civil commitment for SVPs was a good idea and two stated the opposite with some definitive answers. The remaining seven replied that the program was both positive and negative. When combining the definitive yes with those who answered with a sometimes yes, the majority believe that the programs are overall a good idea. This agrees with the lengthy list of legal findings that establish the legality of the programs. In Chapter 2, legal challenges were discussed, and despite some negative rulings and admonishments by the courts, the courts largely agree that these programs are a good idea.

No other studies were found during the research phase of this dissertation that examined the professionals' perspectives, attitudes, and opinions about the programs they work in. Dowling et al. (2018) studied the opinion of professionals in regard to

therapeutic alliance in mandatory programs, but the study is narrower in its focus and does not discuss the variety of topics that this study examined. Further, Dowling et al. (2018) was not focused on civil commitment but mandatory treatment programs in general. The study by Dowling et al. (2018) only focused on therapeutic alliance and not overall opinions of programs.

There have been studies conducted examining opinions of other groups of people in relation to civil commitment for SVPs (Harper & Harris, 2017; Kleban & Jeglic, 2012; Thakker, 2012). These studies exclude the specific population of my study. It is important to gain the opinions of other groups when examining the topic of civil commitment for SVPs, but the missing data of professional opinion are apparent after researching the subject.

The next question examined the opinions of the participants regarding their program's impact on the rate of sexual offenses in their jurisdictions. The responses to this question produced a majority opinion that the programs reduced sexual offenses. Even with a majority agreement, one participant answered that there was no impact on sexual offense, and several did not know if there was an impact.

This question is rooted in recidivism. Focusing on reducing recidivism is the foundational argument for civil commitment programs. The literature review revealed a popular opinion among people that sexually based offenders recidivate at a higher rate than other crimes despite statistical evidence pointing to the contrary (Department of Justice, 2015b; King & Roberts, 2017; Pickett et al., 2013). Substantial research has gone into recidivism rates for these offenders and a great deal of consternation exists regarding

the findings. Studies show a variety of results, and this mixture of results is similar to what I found. Some participants said that these programs reduce offenses, one said they do not, and another group does not know if they do or not.

A statistical reduction in recidivism due to these programs could occur because, if the offender is not able to offend, this will lead to a decrease in offenses. Some participants discussed that some offenders continue to offend in prison against other inmates and even in the programs against other offenders. It is unclear if these offenses are considered when recidivism is calculated. The lone participant who stated that these programs do not reduce sexual offense stated, “In general overall, my association with the program ... is that it did very little to stop the spread of sexual violence in general” (DRI2).

SVP programs’ abilities to identify high-risk offenders and place them into treatment is the initial step for developing these programs. Applicable state laws establish perfunctory steps in referring offenders, such as crimes committed or number of offenses (Felthous & Ko, 2018). However, the practitioners must determine the individual offender’s appropriateness for the programs based on the likelihood to reoffend to identify those of the highest risk.

Participants were asked to share their opinion about how offenders are referred to and accepted into their programs. This question highlighted the many differences exist among states and programs and how situations and laws change. The majority response to this question was that the corrections departments do a suitable job of identifying and

referring offenders to programs. Two participants answered that corrections staff do not do a good job at identifying offenders, and three participants did not know.

Part of the discrepancy in specifics are due to the various state laws and language used in statutes. In the research conducted for this study, this difference in language leads to different referral processes for offenders. Some states use the criminal statutes as a means of commitment whereas other states use civil statutes (Felthous & Ko, 2018). This is one variation that may affect experiences and explain why participants experiences and opinions differ. Another cause of differing opinions may derive from the time participants had worked in the field. As time progresses, laws are changed, which result in changes in a program's processes and regulations. The possible differing time periods that participants worked may result in different opinions based on different experiences.

Participants were then asked to provide their experience with risk assessments and what their opinions were regarding their effectiveness for identifying SVPs for the commitment program. The majority of opinions among the participants in this study were that the risk assessment instruments that are being utilized are effective in identifying SVP offenders in the experience of this group of participants. A smaller group thought that the risk assessment instruments were ineffective, while a smaller group did not have enough experience with them to provide an opinion as to their effectiveness.

The research studies (Wilson, Singh, Leech, & Nicholls, 2016; Hilterman, Nicholls, & van Nieuwenhuizen, 2014; Krauss & Scurich, 2013) discovered while preparing the literature review on risk assessment instruments provided some supportive and some unsupportive results for the effectiveness identifying risk. Using accurate risk

assessment instruments is vital since the court process relies heavily on their results. The research presented in the literature review makes the subject rather confusing. There are numerous studies that contradict one another. Depending on what research you believe to be more accurate, will affect how you view the instruments. The majority of the participants in this study agreed with the researchers that found the risk assessment instruments to be reliable and effective.

An interesting point made by some of the participants is that current available risk assessment instruments are the best options for use in the civil commitment programs. It is also important to note that the legal system has found these risk assessment instruments meet the constitutional validity requirements and are therefore admissible evidence. There will undoubtedly be further challenges in the courts attacking the validity and reliability of these risk assessment instruments, but for now, they are what is available and they are what is in common practice throughout these programs.

#### What are the Participant's Opinions Concerning Expert Witness Testimony?

Participants were asked two questions related to expert witnesses. Participants were asked about the role of an expert witness, was it necessary, and asked about bias among expert witnesses and the testimony they provide. In response to the role of the expert witness, participants shared nearly a unanimous opinion in their belief in the need and usefulness of an expert witness. Additionally, most participants believed there were some biases demonstrated by those acting as expert witnesses.

Expert witnesses are used to provide testimony that is of a highly specialized nature, therefore it is not common knowledge, in court proceedings. Who is designated as



an expert witness changes from one jurisdiction to another. There was one participant who was an expert witness for a time, but the state changes who was to be considered an expert and his credentials no longer met the standard, so he could no longer testify as an expert witness.

The substance of an expert witnesses' testimony must adhere to the Daubert standard in most states. This legal standard guide what can be included in the substance of expert testimony. As discussed in literature review, the testimony provided must meet the four pillars of Daubert, must be a testable theory, theory must be peer-reviewed, standards control the theory, and general acceptance in the field (Pakkanen et al., 2014). Seven participants (54%) in this study have acted as expert witnesses in court proceedings. During interviews, participants discussed how they acted as a sometimes educator to courts on mental health related issues associated with SVPs, commitment, and sexual offenses. These participants meet the standard set out in *Daubert v. Merrell Dow Pharmaceuticals*, 1993 (Krauss & Scurich, 2013).

Is the Program setting more like a Prison or a Treatment Center? Participants shared their experience from their time working in these programs to describe the setting of their program. Participants were asked to state whether the program looked and felt like a prison or was it a treatment center setting. There was no research discovered when organizing the literature review for this study that focused on the juxtaposition of a prison and treatment center feeling for these programs. In this study, more participants identified their settings more with a prison setting than a treatment setting. This was also an area

where there was change over time for those participants who were in one program for lengthy stays.

Participants provided Opinions on the Inclusion Criteria for their Program.

Similar to the questions regarding referrals or offenders and risk assessment instruments used in that process, inclusion criterion is an important aspect of the programs.

Participants shared their opinions about the inclusion criteria that is utilized to determine who is referred and eventually placed into these programs. Inclusion criterion is often debated when SVP programs are discussed. Over time, with legal challenges, the modern-day inclusion criteria have come to be determined by the courts.

Each state has different terminology that means different things. In the literature review, we discussed some of these differences and there is a table present. Common terms that are used as inclusion criteria is that offenders must have a mental abnormality, mental disorder, personality disorder, or have a behavioral abnormality (Felthous & Ko, 2018). These criteria must result in an offender being deemed to be a high risk of reoffending due to the inability of the offender not being able to control their behavior or impulses (Prentky et al., 2006).

Participants in this study believed the inclusion criteria for their programs were appropriate to determine placement into the programs. This opinion was held by an overwhelming majority, 11 participants (85%). This opinion is consistent with the opinions of participants when asked about risk assessment tools. It is reasonable to assume that if a majority believe that the tools used to identify offenders as high risk and appropriate, then the inclusion criteria should be similarly effective.

What are Some Treatment Elements that Positively Affect Change? Participants were asked their opinions about effective forms of treatment within the programs they worked. Common models used were CBT, group treatment models, GLM, and DBT. When conducting research for this study, these were common treatment protocols used throughout the country, and even the world. The use of behavioral models is consistent with much of the research that was gathered for this study. These behavioral models harken back to the ideas of radical behaviorism by John Watson and descriptive taxonomic by Alfred Kinsey (Laws & Marshall, 2003). Over many years, and with changes in theory by new researchers, this behavioral approach to sexual behavior came to be known as aversion therapy (Laws & Marshall, 2003). Eventually, this gave way to more common forms of treatment that we hear about today that focuses on topics such as empathy, relapse prevention, coping skills, and lack of social ability (Marshall & Marshall, 2015; Marshall & Hollin, 2015). These are all topics that participants discussed in varying detail during the interviews. Other advances in treatment models discussed in the literature review included multidimensional treatment models that looked to address sexually deviant behaviors, deviant sexual desires, and inappropriate arousals.

The modern modalities that are used, and were named by participants, are derived of this progress in treatment models. The research for this study found that CBT is the most widely used treatment model for SVPs worldwide (Butler, Chapman, Forman, & Beck, 2006). One of the up and coming models that is gaining popularity is the GLM, discussed in the literature review and discussed by participants. Participants in this study demonstrate that the research conducted identified common practices and valid

information. The use of these two popular treatment models, as well as older forms of treatment and treatment focus, show that there are common grounds between what is being researched and what is being practically used in the field.

#### What are Treatment Elements That Were Less Affective in Treatment?

Participants provided their opinions regarding the elements of the programs that were not affective. This question resulted in some common responses. As discussed earlier, commonalities were the lack of staff retention, or large staff turnover, lack of transitional elements in the program, and penile plethysmograph.

The use of a penile plethysmograph was seen as ineffective by the participants who discussed it in this study. However, as detailed in the literature review, this form of treatment and assessment has a mixed collection of research showing either its effectiveness or ineffectiveness (Plaud, 2019; Winsmann, 2017; Seto, Kingston, & Bourget, 2014). Since the creation of similar tools by Freud, these tools have been used by many to determine sexual arousal. It is interesting to note that this element had limited use for the participants in this study as the treatment element has been in use for so long.

While doing research for this project, general staffing and staff turnover was not topics that were readily discussed. Since speaking with the participants in this study, I returned to the library to research this topic. I was unable to find any research into staff retention nor general staffing issues in SVP programs, either for clinical or administration staffs. However, there is a fair amount of research regarding staffing in mental health facilities, especially in rural communities. One such study stated that the more staff turnover exists, outcomes are less successful for patients (van de Ven et al., 2020). Other

studies echo this sentiment, finding that low staff retention, no matter the environment, lead to poorer patient outcomes (Rangachari et al., 2020; Cosgrave et al., 2019; Bukach et al., 2017).

There is a lot of research into reentry programs for all types of criminal offenders, and SVP offenders are no different. However, there is a disconnect between the research and what participants shared during this study. Research discusses the importance of reentry programs as necessary parts of treatment (Socia, 2017; Barnao et al., 2016; Anderson et al., 2015; Barnett et al., 2014). However, some participants saw this as an ineffective element in their programs.

Does the Administration Staff Support the Program? Participants shared their opinions regarding the support of the administrations at the programs in which they worked. A majority of participants, eight (62%), found that the administration staffs at their programs to be supportive, while three additional participants (23%) stated yes and no, but leaned more to the yes side of the ledger. There was no research that I did find while initially conducting research for the literature review, nor was I able to find any following the conducted interviews. There are studies that have been conducted that examine public opinion regarding SVP programs (Kleban & Jeglic, 2012; Thakker, 2012). However, those are the opinions of the general public, not those working in, or associated with, SVP programs and processes associated with this topic.

Please Describe the Progress Assessments for Offenders in your Program. In long term treatment programs, progress assessments are used to determine the progress made by the patient and determine what needs to be done moving forward, continue as planned

or make changes to reflect where the patient is according to the treatment program. This is no different for offenders in SVP programs. Participants were asked to discuss their opinions regarding progress assessments for offenders in the programs with which they worked. The majority of participants were of the opinion that how their programs measured and conducted progress assessments to be fair. A third of participants found the progress assessment process to be a mixture of fairness, and one participant stated that the progress assessment process was unfair. Each participant did provide how their program measured progress in their programs. These were similar in nature but did have different details such as time frames for review. All processes had a formal progress assessment, or review, process that was completed.

The nature of this question focuses on the fairness of this progress assessment process. In this study, fairness was measured by asking for opinions on fairness. Other studies have looked at fairness as a matter of statistical review completed by examining the ability for an assessment to predict the correct level of risk. In the case of progress assessments, it is the decrease in risk that is being assessed. It was discussed earlier in this chapter, as well in Chapter 4; the participants found that the risk assessments used in their programs were effective. This finding coincides with the common opinion that the progress assessment is fair.

As discussed previously, the research for risk assessment effectiveness, which can be equated to fairness, is mixed. Some research shows results on one side, while the other half of research shows findings on the other. Opinions on both sides point to research that strengthens their argument, and both sides make strong arguments. The participants in

this study believe that the process is fair, effective, and sound. However, the research is consistent in the established time frames for the offenders to have their cases reviewed. Seventeen programs have a scheduled annual review of the offender's commitment (Felthous & Ko, 2018). Texas has a scheduled review every two years, the longest scheduled duration between reviews of any of the programs (Felthous & Ko, 2018). The state of Nebraska conducts reviews every six months to monitor progress, and the state of New Hampshire does not have scheduled progress reviews (Felthous & Ko, 2018).

Discuss Treatment Completion in Your Program. How an offender completes treatment in SVP programs varies by state and program. For some, it is quick and without warning, for others, it is a long process that includes multiple court filings and hearings. Program completion is determined when the offender is found to not be of high risk to the community (Goldberg, 2016). In this study, participants were asked to share their experience and opinion about how their program acted when offenders were attempting to complete the program and be released. The response with the largest agreement was that yes, the state's support release when treatment is completed. This opinion becomes a large majority when you combine those who have mixed responses. Those who responded to this question with a mixture of a yes, and no responses were more closely aligned with the affirmative group. This finding is consistent with similar findings in this study. Those who found the programs a good idea also found the states to be supportive of release. These participants also thought that risk assessment instruments were affective and believed the progress assessment process was fair. These participants felt they had the support of the administration staff, and that the inclusion criteria were appropriate.

The results in this study are at odds with the literature that was found when researching this topic. Many articles have been written that discuss the low number of offenders being released from these programs with detailed explanations of the state's unwillingness to support such actions. In the state of Minnesota, the offenders have sued the state because since that program's inception twenty years ago, no offenders had been released (Janus, 2013). Other researchers found that these programs release a paltry number of offenders from the programs (Singh et al., 2012).

One of the reasons that release can be difficult is the standards set by the states for release. States have different criteria for release, but all of them require standards to meet the highest standard of success. This burden for proof of release include standards such as beyond a reasonable doubt, preponderance of evidence, and clear and convincing (Felthous & Ko, 2018). These high standards for burden of proof can make it more difficult for offenders to be released.

How do your Programs Monitor Treatment Outcome Measures? Measuring treatment outcomes is how one establishes that the treatment program is accomplishing its goal. In this case of SVP treatment, the goal is to reduce the number of sexual re-offenses. Without this measure, one cannot tell the effectiveness of these programs. Participants were asked to share their experience and opinions about how their programs monitored this information. The participants in this study provided several responses, but the most common was that the participants did not know how these measures were kept, tracked, or monitored. This response was surprising. There is a great deal of research discussing the rates of re-offenses, recidivism, for these programs. While it can be argued



that participants are front line clinical staff and outcome measures post release are not in their area of expertise, the lack of any specific knowledge or general understanding was surprising. Despite this most common answer, other participants did know that the treatment outcomes are measured and knew where to look for that information.

Participants could speak to the general concept of recidivism among sexual offenders and knew that those numbers tended to be low. One participant provided an estimated re-offense rate in their state of approximately 8%. That is fairly close to the statistics that were discovered during the literature review. The FBI reports that the rate of re-offense in the US for sexually based offenses is approximately 5% (Department of Justice, 2015b). These recidivism rates are difficult to determine without direct knowledge of how these statistics are being monitored. One issue that arises is what is being classified as a sexual offense. With different crimes being included, or excluded, the recidivism rates will vary. Another concern that needs to be addressed, but is difficult to ascertain, is if offenders' crimes are being pled to a lesser charge which results in the re-offense changing from a sexually based offense to a non-sexually based offense. The topic of low offender release also has an impact on the recidivism rates. If few offenders are released, it is difficult to determine re-offense rates. If the number of offenders released increases, the re-offense rates will be more likely to show an accurate picture.

A topic discussed by one participant was the time frames in which the program looks at repeat offense rates. For his particular program, they looked at re-offenses after a 10-year period and at a 15-year period. It is important for any treatment program to have short-term and long-term measures. This multi-year follow up plan may provide good

data, but the participant does not have access to that information and therefore could not speak to it. .

Discuss your Program's Return on Investment. These programs require a large investment to establish and maintain them. This investment includes facilities, staff, and of course financial commitment. These investments are considerable. Participants were asked to share their opinion about the return on investment for these programs. The findings of this question were the majority of the participants thought the program was a positive return on investment.

These programs are expensive. In the state of Minnesota, the estimated cost per offender per year is \$125,560 (Minnesota Department of Human Services, 2016). In the state of Kansas, it cost approximately \$61,000 annually to house each offender for an estimated total cost of \$5,900,000 to the Kansas taxpayer (Koehle, 2016). In the state of New York, the cost per offender is estimated to be \$175,000 annually, which is nearly three times the annual costs of incarceration in New York (Perillo et al., 2020; Bandler et al., 2017; Vera Institute, 2015). These costs are growing. These costs are growing because there are more offenders being referred to SVP programs than their offenders being released from these programs (Perillo et al., 2020).

Participants found that these programs are cost effective, however; recent research has found that the programs are not the most cost-effective way to monitor and treat this population. Perillo et al. (2020) found that in the state of Texas, they created an outpatient program for high risk offenders that has shown promise; however, this program is still too new to show applicable recidivism data. It is interesting to note that one participant

discussed Texas' outpatient program as an alternative to civil commitment of SVP offenders. The idea that this outpatient program was more treatment focused and less about punishment.

Perillo et al. (2020) also pointed to additional data from New York State's civil management initiative, or the Strict and Intensive Supervision and Treatment (SIST) program. The SIST closely monitors offenders who are based in the community instead of committed. These offenders are at a high risk of sexually re-offending. This SIST program has been linked with a small reduction in re-arrest for sexually based offenses. Additionally, the SIST has been able to do this at a far lower cost of approximately \$30,000 per offender annually compared to the \$175,000 annual cost per offender in the commitment program (Perillo et al., 2020).

### **Limitations of the Study**

One limitation of this study was that the results obtained from participant's perspectives, attitudes, and opinions formed from their lived experience was unique to them. In this study, the participants came from a variety of programs but not all available programs were represented; therefore, the resulting data may not be applicable to those who were not involved in this study nor may it be applicable to programs not represented. Qualitative research's transferability is left to the reader to determine the applicability of the resulting data to their own particular situations (Anney, 2014, Shenton, 2004). Each participant's interview portrayed their live experiences working with SVP populations either through clinical interactions through legal means. This experience may not be transferable to others due to the unique experiences within programs.

Another limitation to this study was that I was the only researcher working on this project. I conducted each of the thirteen interviews and reviewed, transcribed, and analyzed the resulting data. This is one perspective on the obtained data and is therefore, a limitation. However, to counteract this limitation, I allowed participants to review their transcriptions for accuracy. This allows participants to validate the interaction and ensure that it is accurate (Van Manen, 2014). This process is called member-checking. All participants had the opportunity to review the transcript. No participants requested a change nor did any request a new interview, or follow-up interview. During and after the interview process, no participants decided to withdraw from the research.

### **Recommendations**

The information gathered from participants in this study was representations of their lived experiences. However, there are programs in the US that were not represented in the study. Additional study of those programs not represented may add new perspectives or change the data trends found in this study. Further, more participants in general may present more ideas for future changes to the programs or even alternative ideas that may prove to be more beneficial.

One area that may benefit from future research is to examine the process of referral and assessment by conducting similar interviews with the professionals who conduct the risk assessments. These professionals would have more insight into the assessment for dangerousness than the participants in this study. Further, these insights would widen the field of knowledge by incorporating more professional opinions about the programs. In alignment with this idea of expanding the range of participants, one

would include those who are monitoring the outcome measures. These professionals work in these programs from a different perspective and may be able to add additional experiences that benefit the field.

Another recommendation derived from the research data is a more focused study on how staff retention or staff turnover affects the treatment provided to the offenders. This topic was discussed by a few participants in the study. Continual staff changes were a reason for short falls in some programs that came to light during interviews. Staff changes were a topic that was not part of this study or the interview questions posed to participants. After conducting interviews, I returned to the research and was unable to find any data on staff retention's impact on SVP treatment outcomes. There was more research on staff retention affecting other types of treatment. This research states that the more staff turnover that a program has, the poorer the outcomes for the program's patients (van de Ven et al., 2020). A recommendation following this study would be to examine the opinions of professionals working in this field about how staff retention affects offender treatment progress, overall offender success, and any impact on the effectiveness of treatment protocol being utilized.

Some of the participants discussed in this study that there were different opinions from professionals who varied by their work experience. This was not a focus of this study, but it may just reflect differences in opinions. Professionals with a large amount of experiences will have a different set of opinions than a professional who is relatively new to the field. This difference of opinion would also be further examined based on the level of the participant in their agency. Those who have more experience and are clinical

supervisors may have rather different opinions than those who are not. A study that focuses on the difference of opinions based on experience may shed further light onto the subject. Experience is another key determinant in the overall success of a program. van de Ven et al. (2020) stated that experience and education were some of the most important factors in positive treatment outcomes. Additionally, to become more efficient in treatment protocols, more education and experience are required (van de Ven et al, 2020). van de Ven et al. (2020) conclude that the treatment programs with the most experienced staff should have better and more prolonged treatment outcomes.

A topic that was discussed by participants who may benefit from future research is the need for quality supervision. A few participants discussed that when they started, there was a lack of quality supervision. These professionals believed it had a negative impact on them and the program. Research has shown that in CBT oriented treatment programs, there is a lot of mystery as to the actual effect supervision has on clinicians; however, it is widely accepted that supervision is beneficial, better supervision leads to better outcomes (Alfonsson, 2018; Weck et al., 2016; Rakovshik et al., 2016). Alfonsson (2018) went on to state that there is no empirical support for the idea that supervision leads to better outcomes. Therefore, if the participants are stating that it is needed and beneficial, but the statistical data is not able to provide empirical support, more study is needed. It would be beneficial for a researcher to examine the opinions concerning a need for additional supervision, and whether that supervision is beneficial, by examining the opinions among clinical practitioners in SVP programs.

## **Implications**

### **Implications for Positive Social Change**

Walden University defines social change as “a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies” (2020). SVP programs have impacts on the social fabric on the US. SVP programs are intended to protect the vulnerable populations in our communities while providing treatment to those who need it most. These programs have been created and administered for nearly a century despite the mixed research concerning the genuine effectiveness of these programs. By examining the lived experiences that resulted in the formation of attitudes, perspectives, and opinions, we may be able to affect positive social change.

Social change that can come from this study included endeavors to make public policy changes based on professional’s feedback, through treatment and professional organizations, local and state agencies, and private providers operating SVP programs for individual states. Prior to this study, no other researchers have sought to learn the attitudes, perspectives, and opinions of professionals working in these programs. Therefore, this study’s resulting data adds to the body of knowledge in this field. This study examined common topics associated with SVP programs but from a different perspective that provided detailed opinions of the practical application of SVP laws, individual state processes and procedures in the SVP programs, and how professionals operate within the programs. This examination of these topics identified portions of the programs that found common acceptance and support, but also identified areas of concern

needing improvements which could lead to agencies or organizations making positive changes.

State policy makers, state agencies, and private corporations working in the SVP programs gaining a better understanding of what professional's attitudes, perspectives, and opinions about these programs is essential to affect successful changes and improvements. Future development and implementation of policies and procedures that increase program effectiveness may result from this study. Ultimately, this study may influence positive social change by encouraging changes in public policy that leads to improved outcomes for offenders; thereby, reducing repeat offense and accomplishing the stated goals of these programs.

### **Implications for Practice**

This study exposed implications for practice within SVP programs throughout the United States. Conducting these interviews with participants highlighted that SVP programs are intricate, involve many agencies and organizations, result in diverse opinions, and vary greatly in many aspects from one program to another. Many participants believe that these programs are rooted in good ideas and are effective in their role. Other participants believed the opposite was true. This juxtaposition highlights the difficulty in coming to consensus when examining the SVP programs. This study, like other quantitative studies produce mixed results. Like other studies, there are those who support such programs and there are those who do not. However, the findings of this research lean more to the supportive side of the argument. This leaning to the supportive



side of the discussion may indicate a changing of minds among professionals. Additional research with other participants may further this finding.

As this topic relates to public policy, participants identified areas where policy makers can affect change and improve outcomes. Policy makers, after reading these results, may find it worthy to examine using step down program models. It is also essential to consider alternative models, or making changes to current protocols, to address the concerns of professionals. The ideas discussed by participants have roots in other programs and where there is research, the research shows positive outcomes. Additionally, one can look at the lower cost of these changes and alternatives as a reason to adjust public policy, or at least to have that discussion. Further, policy makers may find it beneficial to include professionals working in these programs when changes are proposed. The firsthand knowledge of professionals in these programs provides policy makers with the results of practical application of governmental, agency, and organizational policies and procedures.

Additionally, while conducting this study, professionals discussed additional training and educational needs as well as other vital resources such as physical space to conduct therapy groups, individual sessions, and other workspace. Increased education and training to assist clinical professionals in the development of therapeutic skills has shown to have positive returns on therapeutic outcomes (van de Ven et al, 2020). The implications for practice are clear, a better trained highly educated clinical staff will lead to better clinical outcomes. This is an area where policy makers can affect change within programs without changing them or rewriting state laws. By requiring continual

education and training in treatment modalities, positive change can occur. Additional resources can also be provided without sweeping changes to state laws. Providing more space, or re-arranged space, to allow for a more clinical and therapeutic environment. This change, if it can be made, would require additional financing. An effort to institute a more therapeutic environment has shown to lead to better treatment outcomes for sex offenders (Jones & Neal, 2019).

An extension of improved therapeutic models is a step-down program with community-based initiatives. This program model has been shown to increase offender success when transitioning them slowly into society. Participants in this study discussed the importance of such programs but also discussed the lack of such programs in most situations. Some participants pointed to other programs where this idea is already being utilized in some ways with varying degrees in reported success (Tolman, 2018; Kras et al., 2016). The implication of improved therapeutic outcomes with integrated community-based programming is a possibility that some policy makers may find worth investigating further and eventually implementing without changing the major components of the current programming.

Finally, one implication that seems to garner less support after conducting this research, is to remove the program in its entirety, a suggestion by a small number of participants in this study. This opinion was not a prominent one, but one that still could have implications on practice. If one considers the cost of implementing and maintain an SVP program, some policy makers may side with these opinions and chose to keep sex offenders in prison rather than SVP facilities. However, based on reviewing the literature,

it would seem that policy makers and legislatures have no desire to walk this path, as they continue to spend massive amounts of money running the programs, as well as defending them against legal challenges launched at their existence.

### **Conclusion**

The intention of conducting this research was to understand the lived experiences of professionals working with SVP populations. This was accomplished by asking them what their perspectives, attitudes, and opinions were. This population has not been studied in this way regarding the SVP programs. Having a group of professionals working in these programs may provide more information regarding success or failures in these programs. The goals of these programs are to reduce recidivism by treating a high-risk population. Although the goals of these programs are similar in one jurisdiction to another, different laws and policies affect the programs. By examining the perspectives, attitudes, and opinions of these professionals, a clearer picture of these programs emerges.

This study provided professional's experiences and examined what participants thought of specific topics associated with the SVP topic. While participants sometimes agreed, the reasoning for their response to questions varied and provided more in-depth information regarding topics. Additionally, I found that those who disagreed also provided data to consider when examining the SVP topic. The ability for professionals to state their opinions and concern can have a deep impact on program development or restructure. What the long-term changes that come from this research, and other studies

like this, will provide the professionals an opportunity to effect positive change in their programs and for their clients.

There was speculation on my part when this study started that the overall view of these programs would be negative despite some positive aspects being mentioned. However, what became apparent during the interviews was that there is some consensus among participants for whom these programs are effective and needed. The results of this study reinforce the need for such studies to be conducted, and for smaller studies to be expanded.

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## Appendix A: Interview Questions

1. Have you ever directly worked with sexual offenders?
  - a.) In what capacities or roles such as administrators, clinician, community supervision, expert witness, lawyer or legal aid?
  - b.) How long have you worked with this population?
  - c.) How many separate programs have you worked through?
2. Do you think civil commitment is a good idea, yes\_\_\_ no\_\_\_? Please explain your answer.
3. Do you think that the sex offender program has impacted the rate of sexual offences in the states that have these programs? Please explain your answer.
4. Are correctional departments effective at identifying high-risk offenders? Please explain your answer.
5. Do you think the risk instruments are effective at identifying SVP's to put into the civil commitment programs? Please explain your answer.
6. Are expert witnesses useful and/or necessary to use in civil commitment hearings? Please explain your answer.
7. Do you think that professionals who testify for the offender or the state are biased? Please explain your answer.
8. Was the SVP program in which you worked more like a prison or a treatment program? Please explain your answer.
9. What do you think about the inclusion criteria for SVP programs, like possessing a mental disorder, as valid entrance requirement? Please explain your answer.
10. What elements of the SVP process are truly helpful in changing the offenders' behavioral patterns? Please explain your answer.
11. What elements of the SVP process are not helpful in changing the offender's behavioral patterns? Please explain your answer.
12. Does the administration support the clinical program and/or staff? Please explain your answer.
13. Do you think that the treatment progress assessment is fair to the offender and/or society at large? Please explain your answer.
14. Once an offender has completed treatment, does the state support their petition for release in court? Please explain your answer.
15. How does the SVP program you work/worked work/worked in or are aware of measure treatment completion? Please explain your answer.
16. What suggestions do you have to improve on the provision of SVP treatment, management and community supervision? Please explain your answer.
17. What would be some alternatives to the sexual offender commitment process? Please explain your answer.
18. Do you think that there is a positive return on the program's/state's investment for these programs? Please explain your answer.